Annual Meeting
August 18-22, 1992
The Antlers Doubletree Hotel
Colorado Springs, Colorado

1992 Book of Reports

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National Council of State Boards of Nursing, Inc.
676 North St. Clair, Suite 550
Chicago, Illinois 60611

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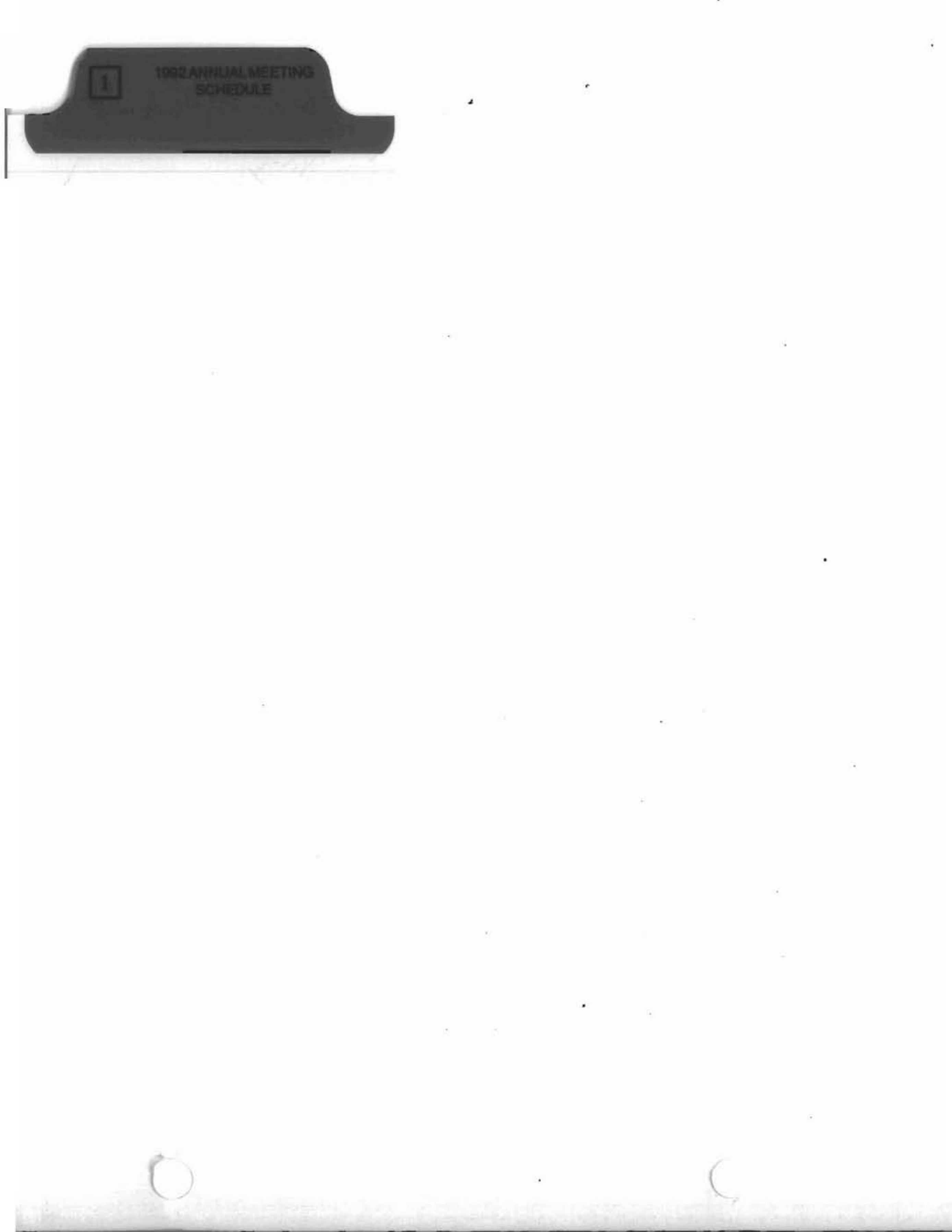
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1992 ANNUAL MEETING
SCHEDULE

Annual Meeting Schedule

Incidental meeting rooms are available throughout the week and may be reserved by calling the National Council prior to the meeting or via sign-up sheets located at the registration desk. Specific time has been made available on Friday, beginning at 5:00pm, for any group to meet. Incidental meeting rooms will be allocated on a first-come, first-served basis.

Tuesday August 18

11:00am–5:00pm
Registration
East Prefunction

1:00pm–2:30pm
Concurrent Educational Sessions
- NCLEX Test Development
- Accustomation Course Improves Pass Rate for Foreign Nurses
- Nursing Ethics: From Moral Certitude to Quandary

Heritage D, E, F

3:00pm–4:30pm
Concurrent Educational Sessions
- CAT 101: A Very General Overview for the CAT Newcomer
- Alcohol and Drug Use Among Nurses in Missouri
- When it Just Ain't Right... Discipline? Ethics? Neither!

Heritage D, E, F

5:00pm–6:30pm
Early Bird Social
Heritage A, B, C

Wednesday August 19

8:00am–2:00pm
Registration
East Prefunction

8:30am–9:30am
Orientation
Summit III

9:30am–9:45am
Coffee Break, sponsored by ETS

9:45am–11:15am
Concurrent Networking Groups
- Executive Dir.
- Board Members
- Board Staff

To be announced

11:15am–12:30pm
Lunch with ACT
Summit III

12:30pm–1:30pm
Delegate Assembly
Heritage C, D, E, F

1:30pm–3:00pm
Board of Directors Forum
Heritage C, D, E, F

3:00pm–3:15pm
Coffee Break

3:15pm–5:15pm
Testing Vendor Presentation—CTB
Heritage C, D, E, F

5:15pm–7:00pm
Dinner Break

7:00pm–8:00pm
Candidates' Forum
Heritage C, D, E, F

8:00pm–10:00pm
CTB Reception
Summit Ballroom

Thursday August 20

7:30am–8:30am
Registration
East Prefunction

7:30am–8:30am
Breakfast with ETS
Summit II, III

8:30am–10:30am
Testing Vendor Presentation—ACT
Heritage C, D, E, F

10:30am–10:45am
Coffee Break

10:45am–11:30am
Long Range Planning Forum
Heritage C, D, E, F

11:30am–12:15pm
Finance Committee Forum
Heritage C, D, E, F

12:15pm–1:30pm
Area Luncheons
- Area I
- Area II
- Area III
- Area IV

To be announced

1:30pm–3:30pm
Testing Vendor Presentation—ETS
Heritage C, D, E, F

3:30pm–3:45pm
Coffee Break, courtesy of Colorado Board of Nursing

3:45pm–4:45pm
Board of Directors/CAT Negotiating Team Forum
Heritage C, D, E, F

5:00pm–7:00pm
Hospitality Hours, hosted concurrently by ACT, CTB and ETS

Friday August 21

6:30am–7:00am
Registration
East Prefunction

7:30am–8:30am
Breakfast with The Psychological Corporation
Summit Ballroom

7:30am–8:30am
Elections
Cameron

8:30am–9:30am
NIS Forum
Heritage C, D, E, F

9:30am–10:00am
AEC Forum
Heritage C, D, E, F

10:00am–10:15am
Coffee Break, sponsored by ETS

10:15am–11:30am
NP&E Forum
Heritage C, D, E, F

11:30am–1:00pm
Awards Luncheon
Summit Ballroom

1:00pm–2:00pm
CAT Testing Vendor Forum
Heritage C, D, E, F

2:00pm–5:00pm
Delegate Assembly
Heritage C, D, E, F

5:00pm–6:00pm
Special Interest Groups
- *This is a time for any special interest group to reserve a meeting room to dialogue on issues.*

Saturday August 22

7:00am–8:00am
Registration
East Prefunction

8:00am–9:00am
Resolutions Forum
Heritage C, D, E, F

9:00am–10:00am
Research Forum
Heritage C, D, E, F

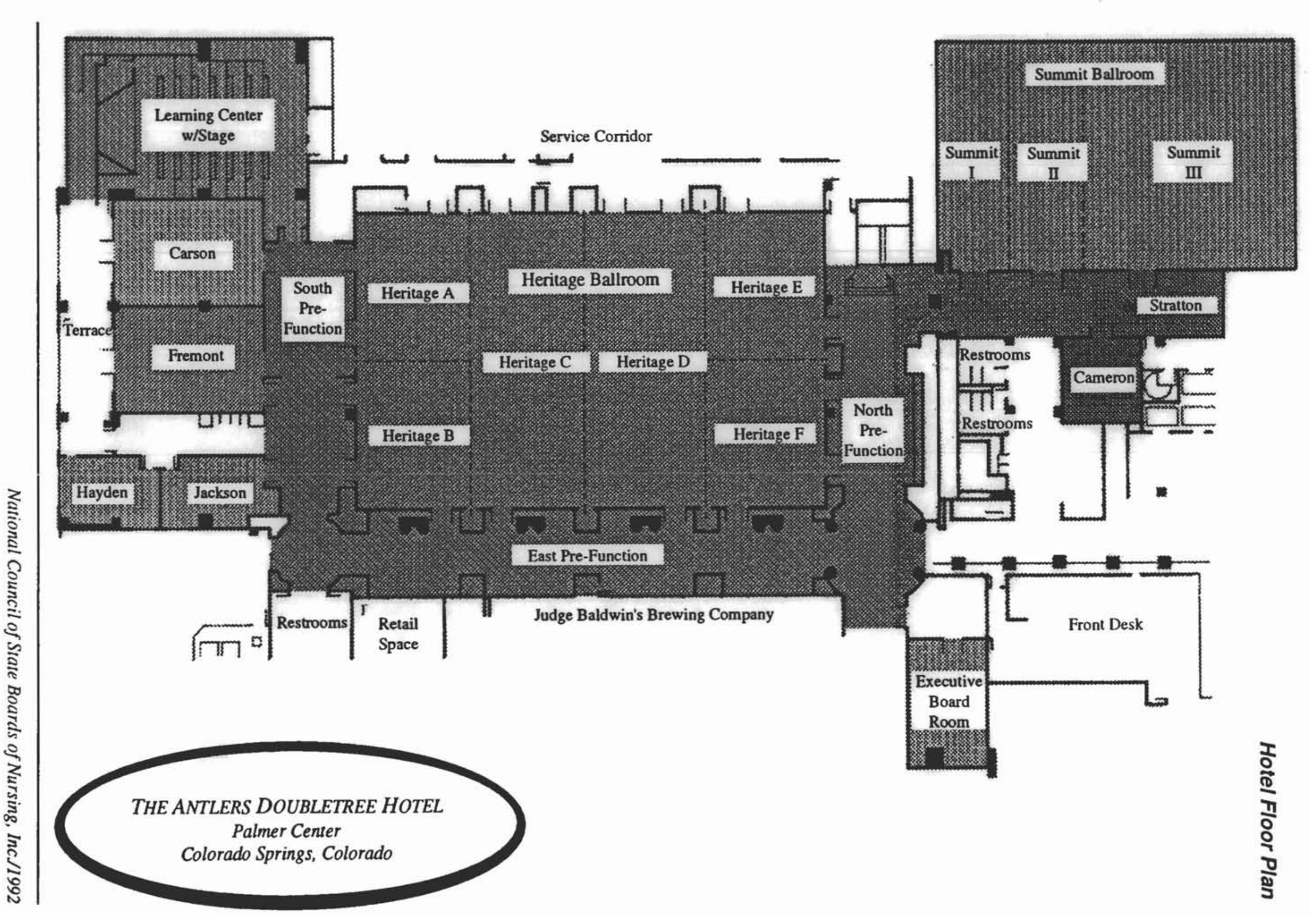
10:00am–10:15am
Coffee Break, Research Poster Session

10:15am–12:30pm
Delegate Assembly
Heritage C, D, E, F

12:30pm–2:00pm
Lunch Break

2:00pm–5:00pm
Delegate Assembly
Heritage C, D, E, F

PLEASE NOTE:
Attendance at forums marked by a shaded box is limited to Member Board representatives.


Learning Center w/Stage
Service Corridor
Summit Ballroom
Summit I
Summit II
Summit III
Carson
Terrace
Fremont
South Pre-Function
Heritage A
Heritage Ballroom
Heritage E
Stratton
Heritage C
Heritage D
Restrooms
Cameron
North Pre-Function
Restrooms
Heritage B
Heritage F
Hayden
Jackson
East Pre-Function
Restrooms
Retail Space
Judge Baldwin's Brewing Company
Front Desk
Executive Board Room
THE ANTLERS DOUBLETREE HOTEL
Palmer Center
Colorado Springs, Colorado

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BUSINESS AGENDA
DELEGATE ASSEMBLY RULES
& 1992 RECOMMENDATIONS

Business Agenda of the 1992 Delegate Assembly

Wednesday, August 19 **12:30–1:30 pm**	**Resource Materials and Forums**
Opening Ceremonies	Orientation, Wednesday, 8:30–9:30am
- Introductions	
- Announcements	
Opening Reports	
- Registration Committee	
- Rules Committee	Tab 2
- Adoption of Agenda	Tab 2
- Committee to Approve Minutes of 1991 Delegate Assembly	Minutes previously disseminated to Member Boards
- Announcement of Delegate Assembly Committee Appointments	
Report of the Committee on Nominations	
- Slate of Candidates	Tab 3
- Nominations from Floor	
Overview of Delegate Assembly	

Friday, August 21
7:30–8:30 am

Election of Officers & Committee on Nominations	Candidates' Forum, Wednesday, 7:00–8:00pm

Friday, August 21
2:00–5:00 pm

Officers' Reports	Tab 4
- President's Address	
- Treasurer's Report—Audit	Tab 4, page 6
* Executive Director's Report	Tab 5
Long Range Planning Committee Report	Tab 6 Long Range Planning Committee Forum, Thursday, 10:45–11:30am
Finance Committee Report	Tab 7 Finance Committee Forum, Thursday, 11:30am–12:15pm
* Election Committee Report	

Board of Directors' and Ad Hoc Committee Reports

- Introduction .... Tab 8
- NCLEX Use by Manitoba and Similarly-Situated Provinces/Countries .... Tab 8, page 1
  Board recommendation #1
- Limited Scope Job Analysis Status .... Tab 8, page1
  Board recommendation #2
- Computerized Adaptive Testing Reports
  - PN Field Test Team .... Tab 8, page 7
  - Education Information Team .... Tab 8, page 11
  - Implementation Team .... Tab 8, page 17
  - Negotiating Team .... Materials previously disseminated to Member Boards; Testing Vendor Presentations; Board of Directors/ Negotiating Team Forum, Thursday, 3:45–4:45pm; CAT Testing Vendor Forum, Friday, 1:00–2:00pm
- Member Board contracts—CAT .... To be mailed in late July
  Board recommendation #3
- Other recommendations, to be determined

* NCLEX Test Service & Data Center Report .... Tab 9

CST Steering Committee Report .... Tab 10

Nurse Information System Committee Report .... Tab 11
NIS Committee Forum, Friday, 8:30–9:30 am

Foreign Educated Nurse Credentialing Committee Report .... Tab 12

Nurse Aide Competency Evaluation Program Committee Report .... Tab 13

* NACEP Test Service Report .... Tab 13

Saturday, August 22
10:15 am–5:00 pm (lunch break from 12:30–2:00 pm)

New Business (Saturday, 10:15 a.m.)

- Resolutions Committee Report .... Tab 19
  Resolutions Forum, Saturday, 8:00–9:00am

Bylaws Committee Report .... Tab 14

Administration of Examination Committee Report .... Tab 15
Administration of Examination Committee Forum, Friday, 9:30–10:00am

Examination Committee Report .... Tab 16

Communications Committee Report .... Tab 17

Nursing Practice and Education Committee Report & Subcommittees..... Tab 18
NP&E Committee Forum,
Friday, 10:15–11:30am

- Nursing Practice & Education Committee
- Subcommittee to Study the Regulation of Advanced Practice
- Subcommittee to Study Regulatory Models for Chemically Dependent Nurses

Adjournment

* *Items which are flexible and will be taken up when time is available in the agenda.*

Standing Rules of the Delegate Assembly

1. Procedures

A. The Registration Committee, directly after the opening ceremonies of the first business meeting, shall report the number of delegates and alternates registered as present with proper credentials, and the number of delegate votes present. The committee shall make a supplementary report after the opening exercises at the beginning of each day that business continues.

B. Upon registration:
   1. Each delegate and alternate shall receive a badge which must be worn at all meetings.
   2. Each delegate shall receive a voting card: a white voting card designates one vote, a pink voting card designates two votes. Any change in voting cards must be made through the Registration Committee.

C. A member registered as an alternate may, upon proper clearance of the Registration Committee, be transferred from alternate to delegate.

D. Members shall be in their seats at least five minutes before the scheduled meeting time. Delegates shall sit in the section reserved for them.

E. There shall be no smoking in the meeting rooms.

2. Motions

A. All new business, except motions proposed by the Board of Directors or as recommendations made in reports of officers or committees, shall be referred without debate to the Resolutions Committee; motions proposed by the Board of Directors or by officers or committees shall be presented by the Board or proposing officer or committee directly to the Delegate Assembly. The Delegate Assembly by a majority vote may suspend this rule and immediately consider a question.

B. Resolutions and recommendations shall be presented to the Resolutions Committee by 5:00 p.m. on Thursday, August 20, 1992.

C. The Resolutions Committee shall prepare suitable resolutions to carry into effect recommendations referred to it, and shall submit to the Delegate Assembly, with the committee's own recommendation as to appropriate action accompanied by a fiscal impact statement, these and all other resolutions referred to the committee.

D. All motions and amendments shall be in writing on triplicate motion paper signed by the maker and shall be sent to the chair after they have been placed before the Delegate Assembly.

3. Debate

A. Any representative of a Member Board wishing to speak shall go to the appropriate microphone. For this purpose, specific microphones shall be designated to be used when speaking in the affirmative on the motion on the floor and the others for speaking in the negative.

B. Upon recognition by the chair, the speaker shall state his/her name and Member Board.

C. Debate shall be alternated between the affirmative and negative microphones.

D. No delegate or board member shall speak in debate more than twice on the same question on the same day, or longer than two minutes per speech, without permission of the assembly granted by a majority vote without debate. Other representatives of Member Boards may speak only after all delegates and board members who wish to speak on the motion have spoken. Guests may speak upon recognition by the chair.

E. A red card raised at the microphone interrupts business for the purpose of a point of order, a question of privilege, orders of the day, a parliamentary inquiry or an appeal.

F. A timekeeper will signal when allotted time has expired.

4. Nominations and Elections

A. A delegate making a nomination from the floor shall be permitted two minutes to give the qualifications of the nominee and to indicate that written consent of the nominee and a written statement of qualifications have been forwarded to the Committee on Nominations. Seconding speeches shall not be permitted.

B. Electioneering for candidates is prohibited in the vicinity of the polling place.

C. The voting strength for the election is determined by those registered by 7:00 a.m. on the day of the election.

D. Election for officers and members of the Committee on Nominations shall be held Friday, August 21, 1992, from 7:30 a.m. - 8:30 a.m.

E. If no candidate receives the required vote for an office and repeated balloting is required, the president shall announce the time for repeated balloting immediately after the original vote is announced.

5. Vendor Selection

If no vendor receives a majority vote on the first ballot the following must occur before repeated balloting:

A. A recess will be called to allow time for clarification of issues by delegates.

B. The vendor receiving the lowest number of votes will be removed from the next ballot.

Summary of Recommendations to the 1992 Delegate Assembly

To provide an overview, the recommendations to be presented to the 1992 Delegate Assembly for consideration are listed below. These recommendations were received by May 15, the deadline for publication in the 1992 *Book of Reports.* Additional recommendations will be considered during the 1992 Annual Meeting.

Committee on Nominations

1. Adoption of the 1992 Slate of Candidates

Treasurer

1. The auditor's report for the 12-month period beginning October 1, 1990, and ending September 30, 1991.

Long Range Planning Committee

1. The Long Range Planning Committee recommends the approval of the revised National Council goals and objectives as presented in the Organization Plan (Attachment A of Tab 6).

Board of Directors

1. The Board of Directors recommends that the National Council, at this time, decline the request for access to NCLEX-PN from Manitoba and any other similarly situated province/country who might make a similar request.

2. The Board of Directors recommends that the Board discontinue evaluating the adequacy of sample size and appropriate instrumentation for a limited scope job analysis of nurses in evolving levels of nursing practice (directive from 1989 Delegate Assembly), until further direction is received from the Delegate Assembly regarding future examinations.

3. Information and possible recommendations on items considered at the Board of Directors' July Board meeting (e.g., Member Board Contracts–CAT, Nurse Information System, CAT vendor selection) will be forthcoming in late July.

Bylaws Committee

1. The Bylaws Committee recommends the consideration of the two proposed amendments to the bylaws as presented in Attachment A of its report.

Administration of Examination Committee

1. The Administration of Examination Committee recommends the following dates for the year 2002 administration of the NCLEX: RN, February 5-6 (T-W), July 9-10 (T-W); and PN, April 10 (W), October 16 (W).

2. The Administration of Examination Committee recommends the following alternate dates for the year 2002 administration of the NCLEX: RN, March 12-13 (T-W), September 10-11 (T-W); PN, May 8 (W), November 13 (W).

3. The Administration of Examination Committee recommends the Delegate Assembly approve the following policy/ statements for Modifications to the Examination for Candidates with Disabilities: *It is the policy of the National Council to cooperate with Member Boards in providing appropriate examination modifications for disabled NCLEX candidates whom Member Boards deem eligible for licensure. The National Council will do so by designing and approving procedures which ensure that such modifications are psychometrically sound and safeguard the fairness and security of the testing process for all candidates.* The policy statement and procedures are presented in Attachment A of the committee's report.

Nursing Practice and Education Committee

1. The Nursing Practice and Education Committee recommends that the Delegate Assembly adopt the Joint Statement on Nursing Shortage prepared in collaboration with the American Nurses' Association and the National Federation of Licensed Practical Nurses, Inc., as presented in Attachment D of the committee's report.

2. The Nursing Practice and Education Committee (NP&E) recommends that the Delegate Assembly direct NP&E to monitor Member Board positions regarding entry into practice and report back to the Delegate Assembly every two years. NP&E has been reporting annually regarding entry into practice positions. This year, a statement of the position taken by responding boards and the year adopted have been incorporated into the report. Only one state has reported taking a formal position since 1988. NP&E suggests that the topic can be adequately monitored by collecting and reporting data on entry into practice every two years with the major Member Board survey profile.

Subcommittee to Study the Regulation of Advanced Nursing Practice

1. The Subcommittee to Study the Regulation of Advanced Nursing Practice recommends that the Delegate Assembly adopt the Position Paper on the Licensure of Advanced Nursing Practice, as presented in Attachment A of the committee's report.

2. The Subcommittee to Study the Regulation of Advanced Nursing Practice recommends that the Delegate Assembly adopt the Model Legislative Language for Advanced Nursing Practice, as presented in Attachment B of the committee's report.

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COMMITTEE ON NOMINATIONS

Report of the Committee on Nominations

The Committee on Nominations met in Bloomingdale, Illinois, and three times via telephone conference call to complete its work. Its first meeting was held in conjunction with the Fall Planning Retreat in October 1991. At that meeting, for the benefit of new committee members and to refresh the minds of continuing committee members, the committee reviewed its report which was published in the 1991 *Book of Reports*. In so doing, the committee reexamined all identified barriers to developing a full slate and discussed the actions which were implemented to minimize the barriers. The committee's discussion also included additional ideas that may help to further minimize the barriers:

Time Commitment

The 1991 resolution requesting that the Delegate Assembly business be conducted within three days helped to address this barrier. However, the committee recognized that the time commitment of officers continues to be a significant barrier to obtaining qualified candidates. In light of this issue, the committee participated in a joint meeting with the Bylaws and Long Range Planning Committees in order to utilize group process to examine the problem in greater depth and begin to develop solutions.

Running Against a Popular Incumbent

The 1991 bylaw change which deleted the requirement of two names for each position helped to address the barrier of completing a full slate when a popular incumbent is running. In further discussion, the committee considered exploring another bylaw change regarding the terms of office. More specifically, if the number of terms of a particular office is limited to two, but the number of terms an individual is allowed to serve remains at three, then current officers would need to run for a different office if they chose to remain on the Board of Directors. This would promote consistency in leadership as well as provide an opportunity for mentoring newly elected officers.

Term of appointment to own board

The committee expressed its support of the Communications Committee effort to produce orientation materials and procedures for new board of nursing members which may, in turn, assist in promoting their early involvement in the National Council.

No follow-up of initial call for nominations

The committee agreed that its increased effort over last year in disseminating the call for nominations was worth continuing. Additionally, the committee decided to send a letter to the executive director of each Member Board that encourages the submission of nominations. This letter would include the names of the individuals from their jurisdiction who may have been on the slate in 1991, but not elected; those individuals from their jurisdiction who submitted a committee volunteer form, but were not appointed; and those individuals from their jurisdiction who are currently serving on a committee.

No previous National Council experience

This barrier was addressed by the 1991 revision to the nomination form which requests information about activity "in organizations, including the National Council, that would be of benefit to the office to which the candidate may be elected."

Want to be asked to run

The committee agreed that personal calls to Member Boards' executive directors remains a viable and worthwhile means of encouraging nominations while receiving feedback on the nominations process.

Must be on Board of Directors to run for the office of President

The 1991 bylaws change broadened the requirements to any person who has been a delegate, committee member, or has served on the Board of Directors.

The committee discussed that a significant barrier to completing a slate is the current situation whereby the National Council, as defined by its small membership, has a stable pool of candidates from which to draw while, at the same time its growing committee structure is involving an increasing number of volunteers. It was agreed that executive directors should be encouraged to widen the candidate pool by fostering more board member and board staff participation in National Council committees. The committee also commented that involvement in the National Council is an opportunity for an individual to demonstrate her/his professional commitment to nursing.

Discussion of FY92 Operational Plan

The committee reviewed and revised its FY92 activities and submitted them to the Long Range Planning Committee for inclusion in National Council's FY92 Operational Plan. Additionally, the committee affirmed its policies and procedures, recommending no change be made.

Nomination Forms

The committee reviewed and revised the nominations form and the call for nominations. Acting on the Board of Directors' suggestion last year regarding the candidate's personal statement, the committee increased the number of words allowed and added the following sentence of enforcement: "Statements of over 150 words will be edited." Concerned about the current form's possible interpretation whereby nominations could be made on behalf of a candidate residing outside of the jurisdiction making the nomination, the committee requested that the nomination form be revised to require a signature of the jurisdiction's president or executive director.

The dissemination schedule was determined. Nominations forms were distributed with five *Newsletters*, beginning November 8, 1991, and ending January 17, 1992. During the week of January 20, a letter encouraging submission of nominations was sent to the executive director of each Member Board. The deadline for nominations was February 28, 1992.

Finalization of Slate

By the February 28 deadline, a total of 16 individuals had submitted completed nomination forms for consideration for the 1992 ballot. The committee agreed to extend the nominations deadline for all positions for which there was only one nominee or less. Additionally, a call for nominations was made for Area I Director, since the current Area I Director had submitted a nomination form for the office of Vice-President.

The committee finalized the slate during its April 13 telephone conference call, closing the ballot on all positions but the Area IV Committee on Nominations position. The committee agreed that no further nominations for the Area IV Committee on Nominations position would be accepted after April 17, 1992. The committee conducted its final telephone conference call on April 21, 1992. The slate was published in the May 8, 1992, *Newsletter* as well as included as part of this report.

Candidates' Personal Statements

The committee reviewed each candidate's personal statement and agreed that candidates in violation of the 150-word rule be given the opportunity to edit their own personal statements to 150 words and promptly return their revised statement to the National Council for publication. This request was made via memo from the Committee on Nominations, pointing out the need for fairness and consistency for all candidates.

Candidates' Forum

The committee agreed that the success of previous Candidates' Forums suggests that it not be significantly changed. Therefore, the committee made no change to the time limits offered all candidates and set the speaker order as follows:

1. *Committee on Nominations, Area I*
2. *Committee on Nominations, Area II*
3. *Committee on Nominations, Area III*
4. *Committee on Nominations, Area IV*
5. *President*
6. *Vice-President*
7. *Area I Director*

8. *Area II Director*
9. *Area IV Director*
10. *Director-at-Large*

The chair of the Committee on Nominations, Barbara Morvant, will moderate.

Slate of Candidates

An overview of the slate developed and adopted by the Committee on Nominations follows. More detailed information on each nominee is provided in the subsequent pages of this report. This detailed information is taken directly from the nomination forms. Each nominee on the slate will have an opportunity to expand on this information during the Candidates' Forum, scheduled to be held Wednesday, August 19, 1992, from 7:00 - 8:00 p.m.

President

Donna Dorsey.................................. Maryland.......................... Area IV
Rosa Lee Weinert........................... Ohio................................. Area II

Vice President

Lorinda Inman................................Iowa................................. Area II
Gail McGuill.................................. Alaska.............................. Area I

Area I Director

Leola Daniels..................................Idaho................................ Area I
Fran Roberts................................... Arizona.............................Area I

Area II Director

Thomas Neumann........................... Wisconsin..........................Area II
Lawrence Stump............................ Michigan........................... Area II

Area IV Director

Iva Boardman.................................. Delaware........................... Area IV
Sister Teresa Harris......................... New Jersey........................ Area IV

Director-at-Large

Christine Alichnie............................Pennsylvania..................... Area IV
Susan Boots..................................... Washington-PN................ Area I
Judi Crume...................................... Alabama............................ Area III

Committee on Nominations

Area I

Judy Colligan...................................Oregon...............................Area I
Constance Connell...........................Arizona.............................Area I

Area II

Marty Lind-Martin.......................... Michigan........................... Area II
Nancy Smart.................................. Illinois.............................. Area II

Area III

Georgia Manning.............................Louisiana-RN.................... Area III
Linda Murphey................................ Arkansas........................... Area III

Area IV

Doris Nuttelman.............................. New Hampshire.................Area IV

Detailed Information, as taken directly from nomination forms and organized as follows:

1. Name, Jurisdiction, Area
2. Present board position
3. Present employer
4. Educational preparation
5. Offices held or committee membership, including National Council activity
6. Professional organizations
7. Personal statement

President

1. **Donna Dorsey, Maryland, Area IV**

2. Executive Director

3. Maryland Board of Nursing

4. University of Maryland, MS, 1975
   East Carolina University, BSN, 1967

5. National Council
   CAT Negotiating Team, 1992-Present
   CAT Education Information Team, 1991-Present
   CAT Proposal Evaluation Team, 1991
   Treasurer, 1987-1991
   Finance Committee, Chair, 1987-1991
   Bylaws Committee, 1984-1986
   Maryland Nurses' Association
   Committee on Impaired Nurses, 1986-Present
   Maryland League for Nursing, President, 1979-1981
   National League for Nursing
   Northeast Regional Assembly of Constituent Leagues, Chair, 1981-1983
   American Red Cross, Baltimore Chapter
   Health Services, Chair, 1986-Present
   Board of Directors, 1988-1991

6. American Nurses' Association
   Maryland Nurses' Association
   National League for Nursing
   Maryland League for Nursing
   Sigma Theta Tau

7. I will bring to the position of President ten years' experience as an executive director, five years' as National Council Treasurer and member of the Board of Directors. Additionally, my proven leadership in a variety of local, state and national nursing and community organizations affords me unique qualifications to lead the Council. My experiences provide me with a definitive perspective of organizations, including needs of members, staff and constituents. My understanding of the relationship between policy decisions and fiscal implications coupled with my knowledge of the organization enhances my ability to address the challenges of CAT and Member Board needs. The future is both exciting and challenging. Priorities are:
   -Smooth transition to CAT
   -Maintaining legally defensible examinations
   -Financial stability
   -Responding to Member Board needs
   -Addressing needs of Boards with limited resources
   I invite you to consider my experience and commitment and allow me to serve as your next President.

President

1. **Rosa Lee Weinert, Ohio, Area II**

2. Executive Director

3. Ohio Board of Nursing

4. Ohio State University, MS, 1975
   Ohio State University, BSN, 1972
   Good Samaritan Hospital, Diploma, 1949

5. National Council
   Committee on Nominations, 1990-1992
   Examination Committee Alternate, 1991-1993; 1988-1990; 1984-1986
   Examination Committee, 1986-1988
   Delegate, 1982-1991
   Michigan Nurses' Association
   Board/Committees, 1975-1980
   Ohio Nurses' Association
   District President, 1972-1975

6. American Nurses' Association
   Ohio Nurses' Association
   Sigma Theta Tau
   Ohio State University College of Nursing Alumnae Association

7. My interest in seeking the Presidency stems from my involvement with the National Council over the past 10 years, as noted above, and having participated in all Area II meetings. Hence, I gained a comprehensive understanding of the goals of the National Council.

   For 28 years, I held positions requiring effective leadership skills. In each position, I successfully motivated individuals and groups toward excellence in performance and goal achievement. As President I would demonstrate this ability to maximize the utilization of resources currently available within the National Council.

   I believe the top priority for the National Council is facilitating a smooth transition to CAT while maintaining a psychometrically sound and legally defensible examination. Secondly, the scope of responsibilities currently assumed by the National Council should be critically evaluated to enable addressing the overwhelming issues facing Member Boards today.

   It would be the capstone of my professional career to serve the National Council as its President and I would pledge my undaunted support.

Vice President

1. **Lorinda Inman, Iowa, Area II**

2. Executive Director

3. Iowa Board of Nursing

4. Loyola University, MSN, 1976
   University of Iowa, BSN, 1971

5. National Council
   Long Range Planning Committee, 1989-Present
   Numerous committees within hospital and school of nursing

6. American Nurses' Association
   Iowa Nurses' Association
   National League for Nursing
   Iowa League for Nursing
   American Society for Psychoprophylaxis/Lamaze

7. Member Boards of the National Council of State Boards of Nursing have articulated a strong support for the mission statement, goals and objectives of the organization. They have also indicated the need for a strong resource in the areas of regulation of nursing practice and education and licensee discipline. As a member of the Long Range Planning Committee, I have been actively involved in the assessment of member needs and the planning for the future direction of the organization.

   I will bring to the position a commitment to the mission of the National Council. Additionally, I will work toward the development of resources to assist Member Boards in the fulfillment of their responsibility to the public.

Vice-President

1. **Gail McGuill, Alaska, Area I**

2. Executive Secretary

3. Alaska Board of Nursing

4. University of Alaska, Anchorage, MS Candidate, 1992
   Seattle University, BSN, 1974

5. National Council
   Area I Director, 1989-Present
   Administration of Exam Committee, Chair, 1987-1989
   Administration of Exam Committee, 1983-1987
   Committee on Nominations, 1984-1986
   Alaska Nurses' Association, Board Member, 1979-1980
   Anchorage School District, Medical Advisory Board, 1986-1988

6. American Nurses' Association
   Alaska Nurses' Association
   National Nurses' Society on Addictions
   Sigma Theta Tau
   Theta Omicron

7. The National Council continues to be a thriving organization based upon a strong mission statement and strategic objectives. At this point in the organization's maturity, I believe the Council's activities need to stay focused on two major testing projects with the main goal as successful implementation of computerized adaptive testing in all jurisdictions. Objectives must be prioritized to use our human and financial resources in the most efficient manner.

   The nine years of experience I have with the National Council includes three years as the Area I Director. This experience, along with my position as Executive Secretary for the Alaska Board of Nursing, has provided me with the knowledge base, expertise and continuity that the Council needs to help lead it for the next two years. I look forward to having the opportunity to serve you as the National Council Vice-President and, with you, to meet the challenges and opportunities ahead.

Area I Director

1. **Leola Daniels, Idaho, Area I**

2. Executive Director

3. Idaho Board of Nursing

4. University of Utah, MS, 1968
   Idaho State University, BSN, 1957

5. National Council
   Long Range Planning Committee, 1989-1992
   Administration of Examination Committee, Chair, 1985-1987
   Administration of Examination Committee, 1981-1985
   Advisory Board, Governor's Commission on Alcohol-Drug Abuse, 1990-Present
   Statewide Emergency Medical Services Committee, 1977-Present
   EMS Grant Subcommittee, 1982-Present

6. American Nurses' Association
   Idaho Nurses' Association
   Official Registry of Who's Who of American Business Leaders
   Sigma Theta Tau, Theta Upsilon Chapter

7. Seventeen years of board of nursing staff experience and the interface with surrounding area Member Boards has made me aware of the issues and concerns of boards of nursing. An understanding of the National Council and its mission and goals has been gained by committed, active participation on two committees and has prepared me to assume a leadership role. Priorities include: 1) implementation of CAT, and 2) providing services to support Member Boards. It would be an honor and privilege to share my knowledge and enthusiasm by serving as Area I Director.

Area I Director

1. **Fran Roberts, Arizona, Area I**

2. Executive Director

3. Arizona State Board of Nursing

4. University of Colorado, PhD student
   Arizona State University, MSN, 1981
   Elmhurst College, BSN, 1976
   Elmhurst College, BS, Psychology, 1976

5. National Council
   Nurse Aide Competency Evaluation Program Committee, 1989-Present
   Arizona Nurses' Association
   Council on Gerontological Nursing, Past Chair
   Arizona State Board of Nursing, Vice-President, 1985-1987
   Arizona State University, Graduate College of Nursing, Adjunct Faculty
   Arizona State University, Graduate College of Social Work, Adjunct Faculty

6. Arizona Nurses' Association
   American Association of University Women
   Sigma Theta Tau
   Valley Leadership, Class X
   Who's Who in American Nurses

7. Having been both a Board Member and Executive Director, I bring a diversity of perspectives and experience to the National Council Board and Area I leadership. While I embrace the comprehensive goals and objectives of the Council, I see a void in leadership and advocacy at the National Council board level for the areas of unlicensed personnel activity and disciplinary/regulatory concerns of the nursing profession. I commend the growth of the National Council in areas of test development and administration, but believe this has been at the expense of expanding into equally critical areas of licensure and regulation. As Area I Director and National Council Board member, I would lend strength and energy to these and other National Council concerns.

Area II Director

1. **Thomas Neumann, Wisconsin, Area II**

2. Administrative Officer

3. Wisconsin Department of Regulation and Licensing

4. University of Minnesota, MS, 1982
   University of Wisconsin, Madison, BSN, 1977
   University of Wisconsin, Madison, BS, Education, 1972

5. National Council
   - Nursing Practice and Education Committee, Chair, 1989-Present
   - Nursing Practice and Education Committee, 1988-1989
   - Delegate, 1986-1992
   - Resolutions Committee, 1988

   Governor's Nursing Education Coordinating Council, 1989-1991
   Department of Regulation and Licensing
   - Administrator of Impaired Professionals Procedure

6. National League for Nursing
   Sigma Theta Tau International Honor Society of Nursing
   Phi Kappa Phi Honor Society

7. I have been involved with the National Council for the past six years, and have been a delegate to the Delegate Assembly since 1986. As a member and chairperson of the Nursing Practice & Education Committee, I have had the honor and challenge of working to achieve the Council's mission related to the safe, competent practice of nursing. I firmly believe that the National Council must first and foremost continue to meet the needs of its Member Boards and move at the direction of its Member Boards. I am most interested in serving on the Board of Directors as the National Council progresses toward implementation of CAT, addresses key concerns regarding nursing practice and education, and strives to maintain fiscal responsibility.

   I would bring to the board enthusiasm, commitment, flexibility, candor, and, of course, humor, all essential for perseverance in the regulatory arena.

Area II Director

1. **Lawrence Stump, Michigan, Area II**

2. Board Member, Michigan Board of Nursing

3. St. Luke's Hospital, Saginaw, Michigan

4. North Carolina State University, MEd, 1980
   Duke University Medical Center, Certificate - Anesthesia, 1971
   University of Wisconsin, Madison, BSN, 1968

5. North Carolina Association of Nurse Anesthetists
   President, 1979-1980
   President-elect, 1978-1979
   Treasurer, 1975-1978
   Michigan Association of Nurse Anesthetists
   Board of Directors, 1989-1991
   Member of various committees
   Michigan Board of Nursing
   CAT/Licensure Committee, Chair
   Medication by Non-licensed Personnel Committee, Chair

6. American Nurses' Association
   Michigan Nurses' Association
   American Association of Nurse Anesthetists
   Michigan Association of Nurse Anesthetists
   University of Wisconsin Nurses Alumnae Association
   Duke University Medical Center, Nurse Anesthesia Alumni Association

7. I am pleased that the National Council has revised the nomination form so that Member Board members have an opportunity to present their relevant experience. The previous set-up favors Board employees over Board members. Board members have a great deal to offer but their terms are often up before they are able to position themselves for national office. I am a member of the Michigan Board of Nursing, and I want to serve on the Board of the National Council.

   I have had extensive experience serving on boards and committees of state and national professional organizations. I have served as President, President-elect, and Treasurer of the North Carolina Association of Nurse Anesthetists and on the Board of the Michigan Association of Nurse Anesthetists. My experience as an educator, clinician, and accreditation site visitor has provided me with the background necessary to become an effective Area II Director.

Area IV Director

1. **Iva Boardman, Delaware, Area IV**

2. Executive Director

3. Delaware State Board of Nursing

4. Widener University, MSN, 1989
   Rutgers University, BSN, 1964

5. National Council
   Subcommittee to Study Regulation of Advanced Practice, 1991-1992
   Claymont Community Center
   Secretary, 1983-Present
   Personnel Committee, Chair
   Delaware Nurse Image Committee

6. American Nurses' Association
   Delaware Nurses' Association

7. Having enjoyed staff and administrative positions in acute, home health and long term care, Associate Degree education, utilization review, and quality assurance, I believe that I can identify with nurses in various positions and settings. My experiences have provided me with an opportunity to be global in addressing issues. I thrive on diversity, managing challenges, and being part of an organization that makes a difference. Communication, both sending and receiving, is comfortable for me, and this is essential in representing Area IV. National Council best

positions itself to accomplish its goals and objectives by having consensus among Member Boards. I can contribute to this end by being an active communicator between Area IV members and National Council. I believe that continuing the National Council's agenda while recognizing the financial adversity of many Member Boards, and increasing working relationships among national organizations to best employ expertise without duplication are priority issues in 1992 - 1993.

Area IV Director

1. **Sister Teresa Harris, New Jersey, Area IV**

2. Executive Director

3. New Jersey Board of Nursing

4. St. Louis University, MSN, 1963
   Seton Hall University, BSN, 1958
   St. Mary's Hospital School of Nursing, Diploma, 1944

5. National Council
   - Nursing Practice and Education Committee, 1988-Present
   - Resolutions Committee, 1991

   New Jersey Nurses' Association
   - Secretary, District I, 1970-1972
   - Board of Directors, 1970-1973
   - Council on Practice, Chair, 1968-1972
   - Committee to Amend Nurse Practice Act, 1974

6. American Nurses' Association
   National League for Nursing
   Nurses' House Charter Member
   American Diabetes Association

7. My administrative background has been the basis for my leadership abilities throughout my many experiences as Vice President of Nursing, Director of a nursing school and Executive Director of the New Jersey Board. As a member of the Board, I have also held the offices of Secretary/Treasurer and President. Though known as a quiet leader, I am strong and goal-directed, with a continuing commitment to quality nursing. My quiet reserve should not be misconstrued as a weakness but rather a strength as a thinker, planner and leader. My priorities for National Council would be continued promotion of public policy for safe and effective nursing practice. Research should continue to produce and maintain a reliable testing tool. I would place an emphasis on communication between Area IV and the National Council as well as among constituents of Area IV.

Director-at-Large

1. **Mary Christine Alichnie, Pennsylvania, Area IV**

2. Professional Member, Pennsylvania Board of Nursing

3. Bloomsburg University, Bloomsburg, Pennsylvania

4. University of Pennsylvania, PhD, 1986
   University of Pennsylvania, MSN, 1977
   Wilkes University, MSEd, 1978
   University of Pittsburgh, BSN, 1972

5. Pennsylvania Nurses' Association
   President, District #3, 1988-1990
   Commission on Nursing Education, Chair, 1986-1990
   Sigma Theta Tau Nursing Honor Society, Theta Zeta Chapter, President, 1984-1986

6. American Nurses' Association
   Pennsylvania Nurses' Association
   National League for Nursing
   Pennsylvania League for Nursing
   Sigma Theta Tau International Honor Society of Nursing, Eta and Theta Zeta Chapters

7. Throughout my nursing career as an educator, administrator and practitioner, I have developed a keen awareness of the need for participatory grass roots involvement within organizations for growth to occur. Member Boards are faced with multiple future challenges, such as diminishing state financial resources and ever increasing demand for services and regulatory actions. To facilitate the National Council's goals and objectives for the future, elected officers must be able to excel in participatory governance with priority setting, policy making and resource allocation by all constituencies.

   I believe that I would bring to the Board of Directors a commitment to excellence with qualities of enthusiasm, broad knowledge base, creativity and foresight to proactively plan for the future in making decisions which affect licensure and practice issues. The National Council needs committed leaders to the grass roots process. I would be honored to serve on the Board of Directors to facilitate said process.

Director-at-Large

1. **Susan Boots, Washington-PN, Area I**

2. Executive Director

3. Washington State Board of Practical Nursing

4. University of Washington, MN, 1979
   University of Northern Colorado, BSN, 1978
   Purdue University, AAS, 1972

5. National Council
   Director-at-Large, 1991-1992
   Examination Committee, 1987-1990
   Committee on Nominations, 1987-1990
   Resolutions Committee, 1987-1990
   Job Analysis Monitoring Committee, 1987-1990
   Washington State Nurses' Association
   District Board Member, 1980-1984
   County Mental Health Advisory Committee, Chair, 1989-1991
   County Developmental Disability Board, Chair, Vice-Chair, 1980-1986
   Zonta International Business Women's Club, Secretary, Treasurer, Vice-President, 1986-1992
   PLU Faculty Organization, Secretary, Vice-Chair, 1979-1982

6. American Nurses' Association
   Washington State Nurses' Association
   National League for Nursing
   Washington State League for Nursing
   Council of Nurse Educators of Washington State
   Sigma Theta Tau

7. It is an honor to have served Member Boards and, as your Director-at-Large, to represent you while always striving for the best decisions in the National Council's activities. Experience in health care, teaching, administration and the government sectors of professional nursing aided in my understanding of the programs and committees of the National Council and my integration into the activities of the Board.

   The National Council has chosen to follow a proactive work plan for the nineties to position ourselves as a leader of nursing. Our future depends on the communication and delivery of services to Member Boards while responsibly achieving this plan.

   I pledge to continue my contacts with Member Boards seeking your desires and working on your behalf in setting priorities and policy decisions in achieving National Council's goals.

Director-at-Large

1. **Judi Crume, Alabama, Area III**

2. Executive Officer

3. Alabama Board of Nursing

4. University of Kentucky, MSN, 1980
   Murray State University, BSN, 1973

5. National Council
   Communications Committee, Chair, 1990-Present
   Communications Committee, 1989
   Sigma Theta Tau, Secretary, 1991

6. American Society of Public Administration, 1991-Present
   Arizona Administrators' Association, 1988-1991
   Arizona Nursing Network, 1988-1991
   Sigma Theta Tau

7. The National Council, through its membership, has established priorities for the next several years. I believe the National Council should continue to focus on those priorities regarding testing and practice to meet the challenges of the coming century. The need for a Board of Directors that each have demonstrated leadership abilities, critical thinking skills, and licensing/regulatory expertise is vital to the accomplishment of the mission and timely decision-making. A leadership role on the Communications Committee has provided me with a broad knowledge and understanding of National Council activities. I would appreciate your support in providing me the opportunity to serve on your behalf as the 1992 Director-at-Large for the National Council.

Committee on Nominations

<u>Area I</u>

1. **Judy Colligan, Oregon, Area I**

2. Board President, Oregon State Board of Nursing

3. Good Samaritan Hospital and Medical Center, Portland, Oregon

4. Portland State University, MPA, 1990
   Oregon Health Sciences University, MN, 1984
   University of Oregon Medical School, BSN, 1975

5. National Council
    Subcommittee on Advanced Practice, 1991-Present
   Oregon State Board of Nursing
    Board President, current
   Nurse Practitioner Prescriptive Authority Council, current Chair
   Nurse Monitoring Committee, current Chair
   Oregon Donor Board, Education, current Co-Chair
   Good Samaritan Hospital and Medical Center
   Institutional Ethics Committee, Education, current Chair
   Washington Consulting Group, Washington, DC
   U.S. Government Task Force on Advanced Practice, member

6. American Nurses' Association
   Oregon Nurses' Association
   Council of Psychiatric-Mental Health Nursing (ANA)
   Cabinet on Human Rights and Ethics (ONA)
   Sigma Theta Tau
   Beta Phi
   Oregon Nurses' Association Nurse Practitioner Special Interest Group
   Oregon Council of Clinical Nurse Specialists
   Oregon Health Sciences University Nursing Alumni Association

7. I have been an active member of nursing for over 20 years in multiple clinical areas in both the private and public sectors of health care. Recent experience in legislative, regulatory and advanced practice areas has broadened my background in and beyond nursing.

   I have been involved with National Council as a delegate to the 1991 Annual Delegate Assembly, as President of the Oregon State Board of Nursing, and as a member of the National Council Subcommittee on Advanced Practice. I believe three issues stand out as priorities for National Council: the transition to computerized nursing exams; the issues related to advanced nursing practice regulations; and the ongoing efforts of National Council to support participation by both state board staff and appointed board members in the most effective and efficient manner.

   I feel my background and eclectic practice would allow me to be an active participant on the Committee on Nominations.

<u>**Area I**</u>

1. **Constance Connell, Arizona, Area I**

2. Nursing Education Consultant

3. Arizona State Board of Nursing

4. Arizona State University, MS, 1986
   University of Nevada/Las Vegas, MS, 1976
   Boston College University, BSN, 1954

5. National Council
    Job Analysis Monitoring Committee, 1989-1991
    Registration Committee, Delegate Assembly, 1989
   National League for Nursing
    Baccalaureate/Higher Degree/ADN Councils, 1984-Present
   Arizona League for Nursing
    Board of Directors, 1991-Present

American Nurses' Association & Arizona Nurses' Association, 1960-Present
By-Laws Committee
Med-Surg Committee, Chair
Nomination Committee
Continuing Education Committee

6. Arizona StateWide Council, 1986-Present
Rural Health Advisory Committee, Chair, Member, 1981-1991
Sigma Theta Tau, Induction Committee Chair, 1976-Present
Arizona Council of Associate Degree Nursing, 1984-Present
Arizona Council - Practical Nurse Programs, 1984-Present

7. My past years of experience as an educator, practitioner and consultant have given me depth and understanding as well as an appreciation of persons who have the ability to complete jobs in an exemplary manner. I believe I will be an asset to the Committee on Nominations in helping to select a slate of leaders who will be able to assist the National Council in accomplishing the mission for which it exists. I would be honored to serve on this committee and be a part of the process of selecting our leaders.

Area II

1. **Marty Lind-Martin, Michigan, Area II**

2. Nurse Consultant

3. Michigan Board of Nursing

4. Andrews University, MSN, 1987
Nazareth College, BSN, 1981
Kellogg Community College, ADN, 1974

5. National Council
Committee on Nominations, 1992
Michigan Nurses' Association, Board of Nursing Liaison, 1988-Present
Michigan League for Nurses, Board of Nursing Liaison, 1988-Present
Michigan Association for ADN-PN Education, Board of Nursing Liaison, 1988-Present
Michigan Association of Colleges of Nursing, Board of Nursing Liaison, 1988-Present

6. Michigan Nurses' Association
Michigan League for Nursing
Sigma Theta Tau
Nazareth College Alumnae Association

7. With the health care industry presently being of extreme public concern, the foremost priority of our organization must be the growth and development of outstanding leadership.

The Committee on Nominations must submit a slate of nominees before the membership who can be visionary, yet forthright on future issues and experienced in their judgment from past professional activities.

I am interested in providing this group of nominees for the membership's consideration and believe my experience in clinical, academic, and regulatory positions has well prepared me for the opportunity.

Important items to be presented before the National Council during the next Board's term would be implementation of CAT, a responsiveness to the various boards of nursing and an efficiency of operation within economically enforced financial restraints.

It would be a privilege to serve the National Council on its 1992-1993 Committee on Nominations.

<u>Area II</u>

1. **Nancy Smart, Illinois, Area II**

2. Board Member, Illinois Department of Professional Regulation

3. Illini Restorative Care, Silvis, Illinois
   Illini Hospital, Silvis, Illinois

4. Black Hawk Community College, English/Communications Courses
   St. Mary's Hospital School of Practical Nursing, LPN, 1957

5. National Council
   Job Analysis/Role Delineation Advisory Panel, 1991-1992
   Foreign Nurse Issues Ad Hoc Committee, 1991
   National Federation of Licensed Practical Nurses
   Illinois Delegate to National Convention, 1984-1992
   Licensed Practical Nurse Association of Illinois
   1st Vice-President, Executive Board Director, Board of Directors, 1984-1992
   Division President, Division Treasurer
   Illinois State Committee on Nominations
   Illinois State Membership Committee
   Illinois State Public Relations Committee
   Illinois State Legislative Committee

6. National Federation of Licensed Practical Nurses
   Licensed Practical Nurse Association of Illinois

7. Over 30 years of experience in nursing as an LPN has given me the ability to understand the needs of the consumer of health care and the needs of the nurse who delivers that care. My interest in the quality of care has taken me with the problems at the bedside to those responsible for policy and procedure development. In attending the past four annual National Council Delegate Assemblies, I have gained an understanding of the work of the National Council and realize the importance of efficiently utilizing human and fiscal resources in fulfilling the organization's mission of promoting public health, safety, and welfare. Understanding the written goals and objectives is only a beginning. The recruitment of well-qualified leadership bringing personal commitment to the goals and objectives is essential. Implementing 1991 bylaw changes, I'd like to participate in recruiting, reviewing qualifications, and presenting a slate of candidates best prepared to serve.

<u>Area III</u>

1. **Georgia Manning, Louisiana-RN, Area III**

2. Board Member, Louisiana State Board of Nursing

3. Glenwood Regional Medical Center, West Monroe, Louisiana
   Manning Management Systems, Monroe, Louisiana

4. University of Mississippi, MN, 1979
   Northeast Louisiana University, BS, 1975
   Orange Coast College, AD, 1969

5. Louisiana State Board of Nursing, Board Member, 1988-Present
   Louisiana State Board of Nursing, President, 1990-1991
   Louisiana State Nurses' Association Convention, Delegate, 1980-1991
   Louisiana State Nurses' Association, Board Member, 1980-1984
   Monroe District Nurses' Association, Treasurer, 1980-1984
   Voices of Glenwood Toastmasters, President, 1990-1991

6. American Nurses' Association
   Louisiana State Nurses' Association
   Monroe District Nurses' Association
   Sigma Theta Tau
   Louisiana Organization of Nurse Executives

7. As a Board Member beginning my second term, I have had the opportunity to attend three Delegate Assemblies and three Area III meetings. From these meetings, I have gained an appreciation of the goals and direction of the National Council. My background as a nursing service administrator and educator has given me the skills in recruiting and interviewing qualified candidates. I would consider it a privilege to use these skills in securing candidates to fulfill the goals of the National Council. My goal as a member of the Committee on Nominations would be to seek the most qualified candidates to lead National Council in its future directives.

<u>Area III</u>

1. **Linda Murphey, Arkansas, Area III**

2. Executive Director

3. Arkansas State Board of Nursing

4. Emory University, MN, 1968
   Northwestern State College, Natchitoches, BSN, 1960

5.

6.

7. Prior to my appointment as Executive Director of the Arkansas State Board of Nursing, I served six years as Director of Education. I believe that eight years' service on a Member Board has given me ample opportunity to experience firsthand the problems and opportunities for service which confront Member Boards and, by extension, the National Council. During that time, I have come to know and respect the people who comprise the leadership of National Council and also to recognize those who have leadership and service potential for the organization. By seeking out these people for National Council positions, I feel that I would be promoting the Council's goals and objectives. I believe that promotion of Board member service on committees should be a priority.

<u>Area IV</u>

1. **Doris Nuttelman, New Hampshire, Area IV**

2. Executive Director

3. New Hampshire Board of Nursing

4. Vanderbilt University, EdD, 1989
   University of Massachusetts, MS, 1975
   University of Massachusetts, MAT, 1975

5. National Council
   - Committee on Nominations, 1991-1992
   - Subcommittee to Study Regulatory Implications of Changing Models of Nursing Education, 1991

   New Hampshire Nurses' Association
   - Commission on Education, 1984-Present

6. American Nurses' Association
   New Hampshire Nurses' Association
   National League for Nursing
   American Public Health Association
   Sigma Theta Tau

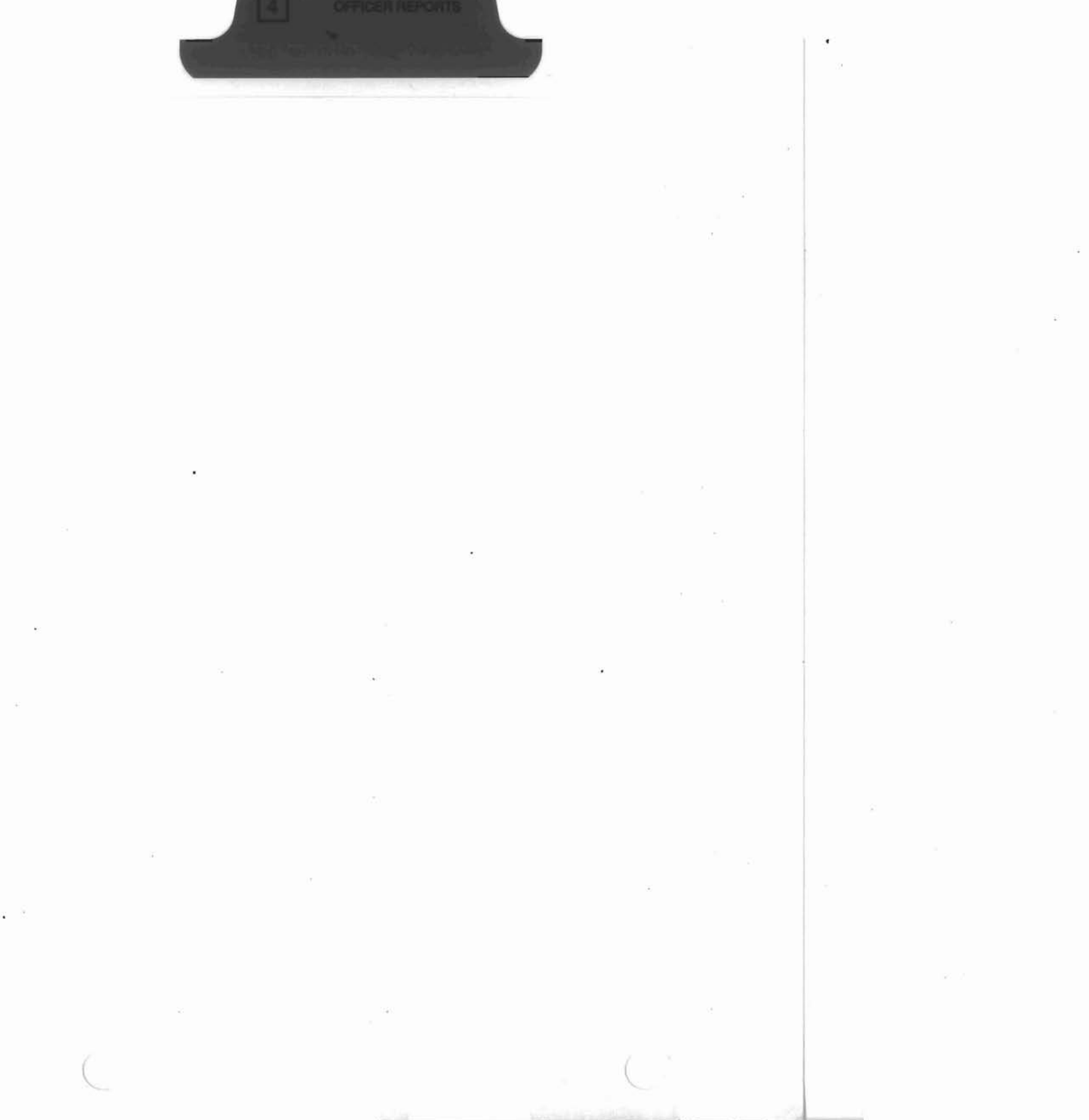
7. My experiences in education, nursing and administration have offered me exciting challenges and successes that will assist me during my second year with the Committee on Nominations. My first year with the committee helped me understand the committee's purposes, objectives and the implementation strategies needed to achieve their goals. As health care issues confront nurses and their colleagues, the National Council is faced with regional and national health policies that affect the nursing profession. My familiarity with nursing education, practice, advanced practice, nursing assistant activities, comparable educational experiences, legislative strategies and administrative laws provides me with a multi-disciplinary background to assist the hardworking, effective Committee on Nominations as it selects appropriate candidates to ensure the National Council fulfills its mission to serve Member Boards.

Committee on Nominations

Rosa Lee Weinert, OH, Area II, *Chair (through February 1992)*
Barbara Morvant, LA-RN, Area III, *Chair (since February 1992)*
Marty Lind-Martin, MI, Area II *(since February 1992)*
Toma Nisbet, WY, Area I
Doris Nuttelman, NH, Area IV

Staff

Susan Woodward, *Director of Communications*


4
OFFICER REPORTS

Report of the President

Although the intent of this report is to describe the President's perspective on National Council events and activities during the past year, it is impossible to avoid a comprehensive retrospective glance at the past two years. For several months, my mind has been saturated with a variety of thoughts about the role of president, insights about the organization and its place in both health care and regulation, as well as the issues and challenges I see before the National Council in the future.

Roles/Responsibilities

Having served on the Board of Directors for three years before assuming the role of President, I was under the naive assumption that I had a fair understanding of the time commitment and responsibilities of the President. The National Council Bylaws list ten duties of the President, which range from the very detailed (e.g., signing contracts) to the very general (e.g., ...serve as official representative of the National Council).

During a Board retreat in the fall of 1991, a consultant described a process by which board members (of any board) become attuned to the operation of the respective organization by using the analogy of the open window. He said that for most board members, the "window" begins to open when board materials arrive prior to the meeting, with the window at its most open during the early part of a board meeting and that frequently it begins to close at some point during the last day of the meeting.

The greatest "ah-hah" to me was that in a role of president, the window must remain open all the time, and in addition, regular, routine responsibility for the Member Board's "paying job" must be maintained. Perhaps the intense activity in and around the Computerized Adaptive Testing (CAT) project has exacerbated this perception, but it is likely that the National Council will always be involved in some comprehensive project or another.

Little did I realize after the Delegate Assembly of 1990 what lay ahead with the CAT project. Having been a member of the Committee for Special Projects and understanding its responsibility, I still could not anticipate the magnitude and complexity of the decisions to be made once CAT was determined to be feasible. However, the comprehensive involvement of so many National Council participants has demonstrated that we are willing to assume a leadership role in a national move to a new testing methodology.

Personally, two of the presidential roles have been the most interesting and rewarding. The first is the opportunity within the organization to meet with board members and staff from across the country about issues which have daily impact on the regulation of nursing. Along with this has been the opportunity to participate with the large contingency of volunteers on committees, teams and task forces. Each volunteer has demonstrated commitment by preparing, attending and participating in activities devoted to accomplishing the National Council's mission, goals and objectives.

Another role of the president is to represent the National Council in an increasing number of liaison activities with other organizations. It has been interesting to discover the similarities and differences between our organization and others, especially in organizational and operational structure, purpose, mission, financial resources and future directions. The National Council's clear focus on assisting Member Boards to accomplish their charge of protecting the public, as well as its obvious regulatory and governmental responsibilities, seems well understood by other nursing organizations. The innovative actions of the National Council in moving toward the new CAT testing methodology have garnered much praise from colleagues. The National Council's role and responsibilities in the reform or restructuring of health care is a frequent topic of discussion. Most of the organizations with whom the National Council maintains either formal or informal liaison are in the process of analyzing potential activities and the desired impact of their organization in the future of health care delivery.

Having learned from management seminars that I tend to be a "big picture" person and intuitively seeing connections within that "big picture," I find myself pondering about what can be learned from groups who have been in operation much longer than National Council. John Carver in his book entitled, *Boards that Make a Difference*, says that board members, as "moral trustees" for the organization, bear responsibility for the integrity of governance. While much could be shared from this extremely insightful book, perhaps the most challenging is the enactment of strategic leadership, by which the board concentrates on organizational leadership issues and less on operational detail. Of course, this assumes that an efficient staff (and committee) structure is in place to implement and retain accountability for operational details which move the organization in strategic movement consistent with organizational mission, goals and objectives.

During the past year, the Long Range Planning Committee has developed and proposed revised goals and objectives. These will allow greater operating effectiveness. Yet as an organization, decisions remain about the overall direction of the National Council, prioritization of human financial resources, responsibility to a membership seriously impacted by budgetary problems as well as the role of the National Council in the twenty-first century.

On my wish list for the upcoming years is the hope that a system can be developed to ensure that each year at the Delegate Assembly, Member Board representatives examine the organizational "big picture," establish priorities and collaboratively set organizational direction. From this annual review of strategic direction, the Board of Directorswould then enact its duty to "conduct the business of the National Council between Delegate Assemblies;" and each operational unit (committee, team, staff) could operationalize its responsibilities. This unity of direction and strategy would seem to strengthen the National Council's move into the future.

The Future

The National Council is a relatively young organization at fourteen years old. We have accomplished much and yet are still in the development process. Our foundation was solid and our mission clear. We have been extremely fortunate that the financial base has remained sufficient to encourage innovation and creativity especially in the testing arena. With a relatively stable membership size based on the structure of the organization, some operational problems facing other organizations will be minimized for the National Council.

Many of you have been exposed to the current discussions about paradigms. In his book, *Future Edge*, Joel Barker discusses organizational development of new paradigms for success. He notes three keys to the future of any organization which wants to participate fully in the twenty-first century: excellence, innovation and anticipation. He proposes that excellence is necessary to even be in the game. Innovation must be coupled with excellence in order to maintain a position of leadership. Anticipation is that characteristic which allows an organization to be in the right place at the right time with an excellent innovative product or service.

Barker focuses much of the emphasis of his book on paradigm shift. Paradigm is defined as a set of rules and regulations that establish or define boundaries and determine how one should behave within the boundaries in order to be successful. Barker proposes the paradigm shift question by asking, "What is impossible to do in your organization, but if it could be done, would fundamentally change it?"

For the National Council, will this be in the realm of information systems, electronic communication, state financial or structural reorganization, privitization, new methods of measuring competence, unexpected federal initiatives, international emphasis or some yet unfathomed development? I have come to believe that at least a preliminary answer to that question lied in the use of technology to enhance communication and networking among Member Boards for information exchange.

Recently, a presenter at Southern Council of Colleges of Nursing discussed the Agenda for Healthcare Reform and described substantial evidence indicating that health care as we know it will be restructured. She asked the rhetorical question, "Where are the futurists in nursing?" That seemed a reasonable question, so I begin to inquire, especially in the liaison meetings with nursing leadership of other organizations. For the most part, the response was a perplexed look. One of my personal dreams for the National Council is that we develop an interest in the future—Where is the organization going? Will we be doing an updated version of the same things twenty years from now? How do we promote the anticipation that ensures having the right product in the right place at the right time? Do we as an organization dare to develop an alive, exciting vision for the future and consciously make decisions to move toward that vision?

Mostly Personal

No ordinary thanks are sufficient to acknowledge my gratitude to the many colleagues who lent support during the last two years. First of all, appreciation must go to the Board of Directors for their exceptional commitment during a very complex period of National Council activity. Heartfelt appreciation to Jenni Bosma who taught me so much about psychometrics and testing, efficiently coordinated a myriad of diverse projects and always provided thoughtful insight and analysis. Thank you to the National Council staff, committee members and others involved with the National Council. Special appreciation to the Georgia Board members and administration for sharing my time and attention. Accolades to the Georgia Board staff for their patience, support and concern, and for frequently stepping forward to assist with extra responsibility. This has been an experience from which I have grown, learned much and hopefully had an opportunity to contribute to the mission and goals of this organization.

Carolyn Hutcherson, *President*
Executive Director, Georgia Board of Nursing

Report of the Vice-President

As the Vice-President of the National Council of State Boards of Nursing during the past year, I have participated in the following activities since the 1991 Delegate Assembly:

- Attended all Board of Directors meetings and participated in all of the Board conference calls;
- Attended all Board Coordinating Committee meetings and participated in all Coordinating Committee conference calls;
- Contributed to an article regarding the NCLEX standard setting process from the perspective of a Board Member for *Issues;*
- Participated in the National Council Fall Planning Retreat;
- Served as the Board liaison to the Examination Committee.

In sum, by all measurements, this has been a good year for the National Council—a year of progress and a year of promise. To all those who have contributed to this success, I express my appreciation and gratitude.

As I end my six years as the Vice-President of the National Council, I find myself thinking a lot about where this organization has been. It has a proud and impressive history. But I think even more about where the organization is going. I remain confident in the future of this organization and its leadership. I believe this organization provides a unique focus for Member Boards within the broader national context of nursing regulation and licensure examinations. I believe the National Council is strongly positioned to grow and prosper in the years ahead, and that it has the resources and determination to be a superior organization. Its continued success is limited only by the collective imagination and hard work of all its members and staff.

Thank you for the honor of serving the National Council as your Vice-President. It has been a privilege to have represented you in this manner, and I thank you for this opportunity.

Joan Bouchard, *Vice-President*
Executive Director, Oregon State Board of Nursing

Report of the Secretary

As Secretary to the National Council of State Boards of Nursing, I have participated in all meetings of the Board of Directors and the Board and Committee Fall Planning Retreat. I have participated in six Board of Directors' conference calls. I have reviewed all minutes of the Board of Directors' meetings prior to their public distribution, as well as reviewed the Summary of Major Board Actions for publication in the National Council of State Boards of Nursing *Newsletter*.

I have served on the Personnel Committee of the Board of Directors. I have been the liaison of the Board to the Nursing Practice & Education Committee. I have received and reviewed committee meeting materials and offered feedback as necessary.

It has been a privilege and honor to serve the National Council of State Boards of Nursing in this capacity. I appreciate the delegates for allowing me the opportunity to represent you on the Board of Directors.

Judie K. Ritter, *Secretary*
Executive Director, Florida Board of Nursing

Report of the Treasurer

Recommendation

1. The auditor's report for October 1, 1990, through September 30, 1991, be approved as presented.

Activity

The change in the fiscal year to October 1 through September 30 facilitated budget monitoring and control by allowing revisions resulting from Delegate Assembly actions to be incorporated before the beginning of the fiscal year. This provided the Finance Committee and the Board of Directors a more accurate financial picture and financial forecast on which to base consideration of subsequent fiscal requests.

The audit was completed in December 1991, and reviewed by the Finance Committee in January 1992. The auditors found no irregularities in the financial statements and expressed an unqualified opinion.

The National Council of State Boards of Nursing, Inc., continues to maintain a strong financial position. Revenues exceeded expenditures due to an increased number of examination candidates, high interest rates on investments, and royalties from the Nurse Aide Competency Evaluation Program (NACEP). Our success has been due to careful management and monitoring by staff, Finance Committee, and the Board of Directors. This has been extremely important as we have proceeded with the implementation of Computerized Adaptive Testing (CAT) and is reflected in the continuing assurance of quality in CAT while continually being aware of the fiscal impact.

We continue to maintain a conservative approach throughout the budget process. All requests for adjustments were reviewed in terms of their impact on the approved budget as well as other financial resources. The requests, accompanied by a recommendation and pertinent specific information, were presented to the Board of Directors for its consideration and action. Quarterly financial reports were reviewed by the Finance Committee and the Board of Directors. Following review by the Board of Directors, the reports were sent to Member Boards.

During the past year, I attended all meetings of the Board of Directors and participated in all but one of the conference calls of the Board of Directors. I attended all meetings of the Coordinating Committee. I chaired the Finance Committee.

Throughout the year, I consulted regularly with Kathleen Hayden, Financial Manager, on all financial matters. I would like to thank her for the commitment, expertise, and support she has given to me, to the Finance Committee, and to the National Council.

The Finance Committee has been a dedicated and hard-working group of individuals who have been very committed to their responsibilities. I would like to thank each of them for the support they have shown me.

I would like to thank the Member Boards for giving me the opportunity to serve the National Council as Treasurer. It has been a very exciting year, and I am looking forward to this next year—with all of its challenges.

Carol A. Osman, *Treasurer*
Executive Director, North Carolina Board of Nursing

Report of Independent Auditors

Board of Directors
National Council of State Boards of Nursing, Inc.

We have audited the accompanying balance sheets of National Council of State Boards of Nursing, Inc., as of September 30, 1991 and 1990, and the related statements of revenue and expenses, changes in fund balance and cash flows for the year ended September 30, 1991, and the 15-month period ended September 30, 1990. These financial statements are the responsibility of management of National Council of State Boards of Nursing, Inc. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of National Council of State Boards of Nursing, Inc., at September 30, 1991 and 1990, the results of its operations and its cash flows for the year ended September 30, 1991, and the 15-month period ended September 30, 1991 in conformity with generally accepted accounting principles.

Ernst & Young
December 4, 1991

Balance Sheets
National Council of State Boards of Nursing, Inc.

Assets	September 30, 1991	1990
Current assets:		
Cash and cash equivalents	$521,291	$1,137,894
Accounts receivable	90,453	90,599
Examination fees due from member boards	92,897	465,557
Inventories (less reserve for obsolescence of $22,000 in 1991 and $16,000 in 1990)	62,018	52,445
Accrued interest, prepaid expenses and other	369,808	213,840
Total current assets	1,136,467	1,960,335
Investments, at cost (market: 1991 - $6,493,162; 1990 - $5,378,588)	6,453,534	5,369,047
Property and equipment:		
Furniture, fixtures and leasehold improvements	179,485	169,575
Equipment and computer software	429,954	414,277
	609,439	583,852
Less accumulated depreciation	475,411	403,164
	134,028	180,688
	$7,724,029	$7,510,070
Liabilities And Fund Balance		
Accounts payable	$253,135	$1,694,180
Accrued salaries and payroll taxes	187,384	123,847
Total current liabilities	440,519	1,818,027
Deferred revenue:		
Examination fees collected in advance (net of prepaid processing fees of $134,862 in 1991 and $112,707 in 1990)	1,232,658	965,103
Fund balance:		
Unrestricted -		
Undesignated	3,045,836	3,210,401
Designated	2,911,381	1,047,264
	5,957,217	4,257,665
Restricted	93,635	469,275
Total fund balance	6,050,852	4,726,940
	$7,724,029	$7,510,070

See notes to financial statements.

Statements of Revenue and Expense
National Council of State Boards of Nursing, Inc.

	Year ended September 30, 1991	15-month period ended September 30, 1990
Revenue - unrestricted funds:		
Examination fees	$7,256,956	$8,415,163
Less cost of development, application and processing	4,165,464	5,515,410
Net examination fees	3,091,492	2,899,753
Member board contracts	186,000	366,000
Publications	194,774	217,351
Delegate assembly	55,873	143,260
Honoraria and other	47,158	14,550
Nurse aid program	409,734	484,050
Investment income	520,749	544,789
Total revenue - unrestricted funds	4,505,780	4,669,753
Program and organizational expenses - unrestricted funds:		
Member board contracts	5,662	18,968
Publications	79,956	68,013
Delegate assembly and convention planning	76,318	157,465
Nurse aide program	40,304	222,708
Job analysis studies	40,466	58,089
Computerized adaptive testing	359,369	324,118
Board meetings and travel	184,866	137,730
Public relations and communications	79,092	72,015
Other committee expenses	123,878	116,319
Total program and organizational expenses - unrestricted funds	989,911	1,175,425
Administrative expenses - unrestricted funds:		
Staff salaries and benefits	1,262,483	1,173,635
Professional fees	77,559	46,517
Office supplies	89,302	93,360
Insurance	28,433	41,211
Rent and utilities	250,160	170,825
Equipment maintenance and rental	30,133	39,008
Depreciation	72,247	101,578
Miscellaneous	6,000	4,154
Total administrative expenses - unrestricted funds	1,816,317	1,670,288
Total expenses - unrestricted funds	2,806,228	2,845,713
Revenue in excess of expenses - unrestricted funds	1,699,552	1,824,040

Restricted grant revenue:		
Computerized simulation testing	-	1,159,041
Nurse information system	107,606	-
Expenses related to restricted grants:		
Computerized simulation testing	375,640	798,462
Nurse information system	107,606	-
Revenue (less than) in excess of expenses - restricted funds	(375,640)	360,579
Revenue in excess of expenses	$1,323,912	$2,184,619

See notes to financial statements.

Statements Of Changes In Fund Balance
National Council of State Boards of Nursing, Inc.

Year Ended September 30, 1991
and 15-month period ended September 30, 1990

	Unrestricted								Restricted	
	Undesignated	Designated for computerized adaptive testing	Designated for crisis management	Designated for NACEP	Designated for working capital reserve	Designated for role delineation	Designated for computer acquisition	Total Unrestricted Fund	Computerized Simulation Testing	Total
Fund balance at July 1, 1989	$1,323,585	$597,937	$121,836	$390,267	-	-	-	$2,433,625	$108,696	$2,542,321
Revenue in excess of (less than) expenses	1,886,816	(324,118)	-	261,342	-	-	-	1,824,040	360,579	2,184,619
Fund balance at September 30, 1990	3,210,401	273,819	121,836	651,609	-	-	-	4,257,665	469,275	4,726,940
Transfer to Board-designated funds	(2,875,095)	1,448,733	-	-	956,387	248,100	221,875	-	-	-
Transfer to undesignated funds	651,609	-	-	(651,609)	-	-	-	-	-	-
Revenue in excess of (less than) expenses	2,058,921	(359,369)	-	-	-	-	-	1,699,552	(375,640)	1,323,912
Fund balance at September 30, 1991	$3,045,836	$1,363,183	$121,836	$ -	$956,387	$248,100	$221,875	$5,957,217	$93,635	$6,050,852

See notes to financial statements.

Statements of Cash Flows
National Council of State Boards of Nursing, Inc.

	Year ended September 30, 1991	15-month period ended September 30, 1990
Operating activities:		
Revenue in excess of expenses	$1,323,912	$2,184,619
Adjustments to reconcile revenue in excess of expenses to net cash provided by operating activities -		
Depreciation	72,247	101,578
Provision for obsolete inventories	6,000	-
Decrease (increase) in accounts receivable	372,806	(212,252)
Increase in accrued interest, prepaid expenses and other	(155,968)	(45,957)
Increase in inventories	(15,573)	(14,609)
(Decrease) increase in accounts payable	(1,441,045)	1,158,750
Increase in accrued salaries and payroll taxes	63,537	23,740
Increase (decrease) in deferred revenue	267,555	(723,714)
Net cash provided by operating activities	493,471	2,472,155
Investing activities:		
Net additions to property and equipment	(25,587)	(118,574)
Increase in investments, net	(1,084,487)	(1,902,021)
Net cash used by investing activities	(1,110,074)	(2,020,595)
(Decrease) increase in cash and cash equivalents	(616,603)	451,560
Cash and cash equivalents at beginning of year	1,137,894	686,334
Cash and cash equivalents at end of year	$521,291	$1,137,894

See notes to financial statements.

Notes To Financial Statements
National Council of State Boards of Nursing, Inc.

September 30, 1991, and September 30, 1990

1. Organization and operation

National Council of State Boards of Nursing, Inc. (the Council) is a not-for-profit corporation organized under the statutes of the Commonwealth of Pennsylvania. The primary purpose of the Council is to serve as a charitable and educational organization through which state boards of nursing act on matters of common interest and concern affecting the public health, safety and welfare, including the development of licensing examinations in nursing. The Council is a tax-exempt organization under Internal Revenue Code section 501(c)(3).

2. Summary of significant accounting policies

Examination fees: Examination fees collected in advance net of processing costs incurred are deferred and recognized as revenue at the date of the examination.

Cash equivalents: Cash equivalents consist of money market funds.

Services of volunteers: Officers, committee members, the Board of Directors and other nonstaff associates assist the Council, without remuneration, in various program and administrative functions. No value has been ascribed for such voluntary services.

Pension plan: The Council maintains a defined-contribution pension plan covering all employees who complete six months of employment. Contributions are based on employee compensation. The Council's policy is to fund pension costs accrued. Pension expense was $90,720 and $78,526 for 1991 and 1990 periods, respectively.

Property and equipment: Property and equipment are stated on the basis of cost. Provisions for depreciation are computed using the straight-line method over the estimated useful lives of the assets.

Investments: Investments are carried at cost. Investments consist of the following at September 30:

	1991		1990	
	Cost	Market value	Cost	Market value
U.S. government obligations	$4,953,534	$4,993,162	$4,369,047	$4,378,588
Certificate of deposit	1,500,000	1,500,000	1,000,000	1,000,000
	$6,453,534	$6,493,162	$5,369,047	$5,378,588

Board-designated funds: The Board of Directors has designated certain funds to be used for specific projects. These projects include the development of computerized adaptive testing for licensure examinations, the purchase of paper and printing materials to be used in the event of a security break occurring directly prior to a scheduled examination (crisis management), role delineation research study, the acquisition of computer equipment, and a working capital reserve. These funds are reflected as designated unrestricted funds in the accompanying financial statements.

Restricted funds: In 1988, the Council was awarded a restricted grant from the Kellogg Foundation to develop a software system to ensure clinical competence of nurses and to ensure interprofessional collaboration between nursing and medicine, through computer-based clinical simulation. The grant, amounting to $1,868,954, was received in full in four

installments through December 1991. If at the end of this commitment there remain any unexpended funds, the unexpended cash balance is to be returned to the Kellogg Foundation.

In 1991, the Council received a restricted grant from The Robert Wood Johnson Foundation to support the study of the feasibility of establishing a national nurse data base. The grant, amounting to $107,606, was expended during fiscal 1991. In addition, the Division of Nursing of the Public Health Service awarded a grant of $15,000 to the Council for this project and the American Nurses' Association contributed in-kind services.

3. Commitments

On September 1, 1989, the Council entered into a lease agreement for office space. Under this agreement, the Council has the option to terminate the lease after five years, or continue under the lease agreement through August 31, 1999.

Future noncancelable rental commitments as of September 30, 1991, are as follows:

Year	Amount
1992	$258,540
1993	263,718
1994	269,003

During fiscal 1990, the Council entered into a software license and maintenance agreement with the National Board of Medical Examiners. In consideration for the provision of this agreement, the Council is obligated to pay a base annual fee of $50,000, subject to inflation adjustments. The Council has the option of terminating this agreement provided that notice is given 18 months prior to termination.

4. Subsequent event

In October 1991, the Board of Directors approved an additional $1,100,000 as designated funds for the Computerized Adaptive Testing (CAT) Project.

Report of the Area I Director

As Area I Director, I participated in all the Board meetings and conference calls with the exception of the April conference call. In addition, I chaired the Board Projects Committee and the Area Directors' group and served as the Board liaison to the Long Range Planning Committee. I represented the National Council at the Association of State and Territorial Directors of Nursing annual meeting, May 18-19, 1992, held in Juneau, Alaska.

The Area I meeting was held in Portland, Oregon, on April 23-24, 1992. Thirteen of our eighteen Member Boards were represented at this meeting. The representatives were informed of the progress related to computerized adaptive testing and updated on major National Council activities impacting the Member Boards. The attendees discussed additional subjects of interest including:

- Nurse aide program requirements
- Licensure of foreign educated nurses
- Prescriptive authority for advanced nurse practitioners

Appreciation is extended to the Oregon Board of Nursing, its Executive Director, Joan Bouchard, and its staff for arranging the meeting and for attending to our needs during the meeting which included wonderful restaurants, directions to the hottest shopping spots and the opportunity to obtain autographs of the Los Angeles Lakers. Thanks to Monica Woods, Oregon Board staff, for preparing the minutes of the meeting.

The talents of the Area I volunteers are vital to continuing a thriving organization and your efforts are greatly appreciated. I extend my appreciation to all of the Area I boards who responded to my requests during the year.

Thank you again for the opportunity to serve as your representative on the Board of Directors this year. The commitment of the Area I Member Boards to the National Council and your support have made my term very rewarding.

Gail M. McGuill, *Area I Director*
Executive Director, Alaska Board of Nursing

Report of the Area II Director

As Area II Director of the National Council of State Boards of Nursing, I have participated in all Board of Directors' meetings and conference calls held this year, including the Fall Planning Retreat. I have also served as the Board liaison to the Foreign Educated Nurse Credentialing and the Nurse Aide Competency Evaluation Program Committees, as Chair of the Board of Directors' Personnel Committee, and as a member of the Computerized Adaptive Testing (CAT) Implementation Team.

I represented the National Council at the National Federation of Licensed Practical Nurses annual meeting in Witchita, KS, and participated in a presentation on the implementation of computerized adaptive testing (CAT). I also represented the National Council at the CTB MacMillan/McGraw-Hill Invitational in New Orleans, Louisiana.

The Area II meeting was held in Dearborn, Michigan, on April 4 and 5, 1992. Fifty-five participants represented 13 of the 14 jurisdictions. Marty Lind-Martin and the Michigan Board of Nursing were warm and friendly and welcomed all to very gracious surroundings.

Participants included: Carolyn Hutcherson, National Council President; Dr. Jennifer Bosma, Executive Director; Barbara Halsey, CAT Project Manager; and Vickie Sheets, Director for Public Policy, Nursing Practice and Education.

Dr. Bosma presented information related to the Americans with Disabilities Act, including legal review by counsel. Major discussion centered on modifications and Member Board responsibilities related to testing.

Reports were presented and discussed, including:

- Long Range Planning Committee Report - Marcia Rachel
- Advanced Practice Draft Position Statement - Jean Jackson
- Nurse Information System Committee Report - Vickie Burbach
- Disciplinary Data Bank - Vickie Sheets
- CAT Education Information Team and CAT-PN Field Testing - Barbara Halsey

Additional topics of information and discussion were focused on: overview of National Council staff and responsibilities; the raised NCLEX-RN passing standard; visioning activities of the Board of Directors; status of various CAT committees' activities; related implementation of CAT and the 1992 Delegate Assembly decision responsibilities; NCNET licensure verification project; and the scheduling of a Regulatory Day to be added to the 1993 Area II meeting.

Discussion was held regarding state financial constraints which may limit participation at the Delegate Assembly. There was consensus that the Finance Committee should consider some funding mechanism to assure representation by every jurisdiction.

The 1993 Area II meeting will be hosted by the Kansas Board of Nursing.

Serving as the Area II Director has been rewarding and challenging. Thank you for the opportunity to serve you during the past two years.

Shirley Brekken, *Area II Director*
Board member, Minnesota Board of Nursing

Report of the Area III Director

As Area III Director of the National Council of State Boards of Nursing, I attended all Board of Directors' meetings and conference calls and served as liaison to the Nurse Information System Committee, Computerized Adaptive Testing (CAT) Education Information Team, CAT Implementation Team, and CAT-PN Field Test Team. Additionally, I participated as a member of the Board of Directors' Projects Committee and Policy Committee.

The Area III Meeting was held March 30-31, 1992, in Jackson, Mississippi. There were 65 individuals in attendance, representing 14 of the 16 Member Boards in Area III. The President, Executive Director, and Director for Public Policy, Nursing Practice and Education represented the National Council at the meeting, and representatives from CTB MacMillan/McGraw-Hill attended as well. Reports were presented regarding National Council projects and activities, and specific Area III concerns were discussed and information shared among jurisdiction representatives regarding pertinent regulatory and testing issues. Prior to the meeting, jurisdictions submitted written reports of specific jurisdiction activities for the past year. Reports were compiled and distributed to attendees as a meeting handout.

Throughout the past year, Area III Member Boards participated actively in a wide variety of National Council committees and activities. The issues on which we worked were complex and challenging. To have represented and served an Area with such vast resources of knowledge and talent has indeed been an honor and pleasure.

Marcella L. McKay, *Area III Director*
Executive Director, Mississippi Board of Nursing

Report of the Area IV Director

As Area IV Director, I have attended all meetings of the Board of Directors, participated in all but two conference calls and served as a member of the Board of Directors' Projects Committee. On April 22-25, 1992, I represented the National Council at the annual convention of the National Student Nurses' Association held in Phoenix, Arizona.

The Area IV Member Boards met on April 30 - May 1, 1992, in Lancaster, Pennsylvania. Eleven of the fourteen jurisdictions were represented at the meeting for a total of 44 attendees. Representing the National Council were Carolyn Hutcherson, President; Dr. Jennifer Bosma, Executive Director; Dr. Carolyn Yocom, Director of Research Services; and Marcia Rachel, Chair, Long Range Planning Committee. Also in attendance representing CTB MacMillan/McGraw-Hill were Sally Gensberg, NCLEX Program Director, and Sandi Hollister, Data Center Manager.

Agenda items included the following:
1. Organizational, committee and testing service reports
2. NCLEX-RN Standard Setting
3. Impact of Americans With Disabilities Act
4. "Nursing's Agenda For Health Care Reform"
5. Issues related to home health aides
6. Maine/Alaska Project
7. Resolutions submitted by the Delaware and Pennsylvania Boards

The 1993 Area IV spring meeting will be held on April 29-30 in Burlington, Vermont.

Many thanks to the Pennsylvania board members and staff for their wonderful hospitality. The incredible beauty of the Pennsylvania Dutch countryside and sublime simplicity of its Amish people will long be remembered.

As my term nears completion, it seems fitting and proper to publicly recognize the ever-constant support provided by the Maine State Board of Nursing during my service to the National Council. The degree to which I was sustained by the board's patient understanding cannot be measured.

An old Webster's Dictionary defines gratitude as "a feeling of thankful appreciation." So it is with gratitude to the Area IV Member Boards, the National Council staff and my present and past board colleagues that I respectfully submit my final report.

Jean Caron, *Area IV Director*
Executive Director, Maine State Board of Nursing

Report of the Director-at-Large

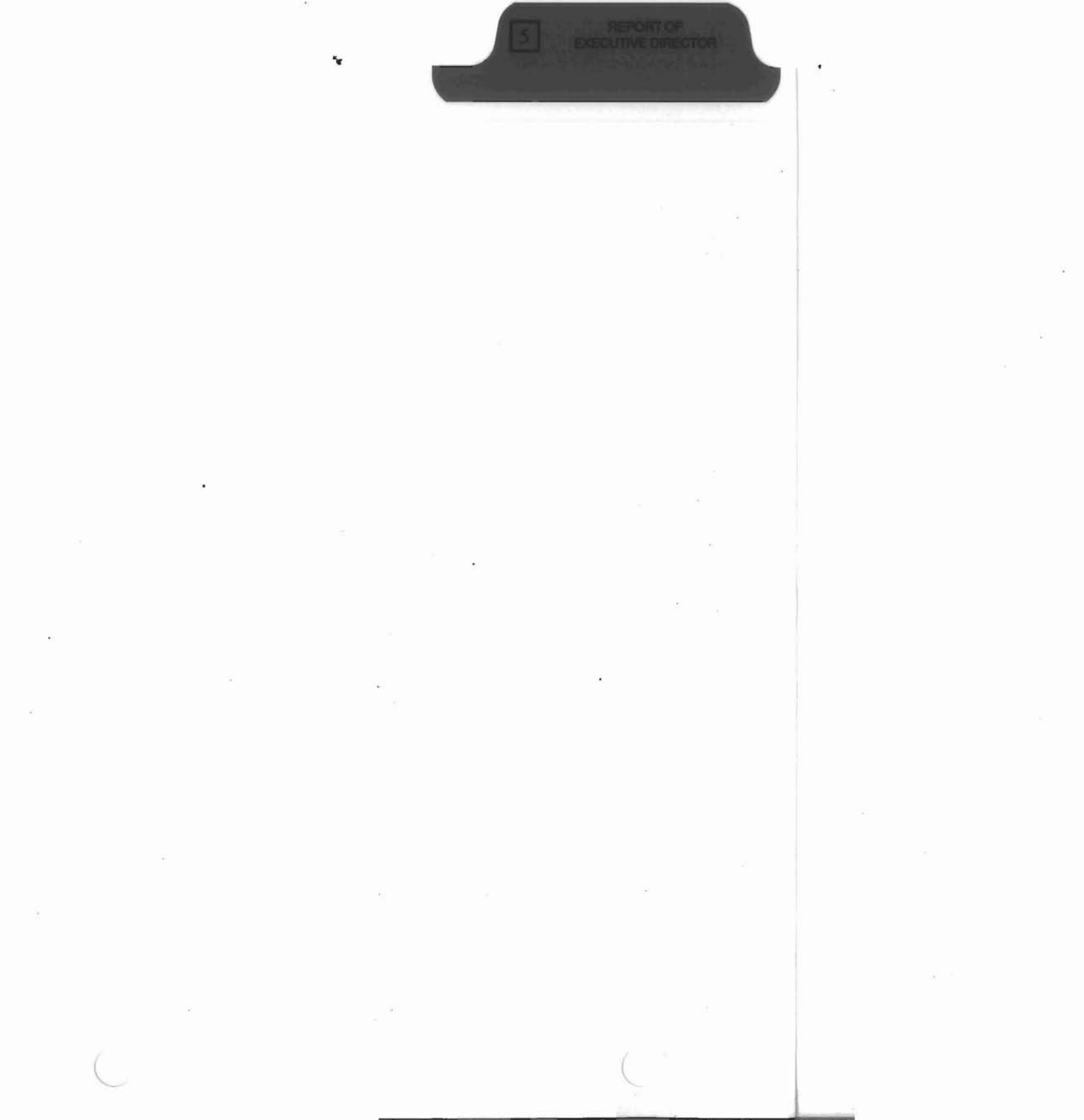
Since the 1991 Delegate Assembly, as Director-at-Large, I have participated in the following activities:

- Attended meetings of the Board of Directors and participated in Board conference calls.
- Participated in the Fall Planning Retreat in Bloomingdale, Illinois, in October 1991.
- Served on the Board Personnel Committee.
- Served on the Board Policy Review Committee.
- Served on the Board of Directors for the Federation of Regulatory Boards (FARB). In this role, I attended two Board meetings and participated in the Annual FARB Forum.
- Served as the Board liaison to the Communications Committee.

The FARB Forum held in Charleston, South Carolina, was well-attended. Evaluations were very good, demonstrating that those who attended received valuable information. I have been active in plans for the 1993 FARB Forum.

The Board has been challenged this year by changes in many areas. One of the most rewarding has been working toward a dynamic plan for the future which integrates all of the National Council's work. The Board of Directors and the Long Range Planning Committee have challenged the National Council to look toward the future with vision and anticipation. During meetings of the Board, I endeavor to represent all National Council members. I have been open to communications from Member Boards and communicated your ideas to the Board of Directors. Thank you for the opportunity to represent all of you on the Board of Directors during this exciting time of change this year.

Susan Boots, *Director-at-Large*
Executive Secretary, Washington State Board of Practical Nursing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REPORT OF
EXECUTIVE DIRECTOR

Report of the Executive Director

Introduction

This report highlights major areas of staff activity from May 1991 through April 1992. Activities are linked to the key outcome objectives which each department has striven to accomplish. An alphabetical list of staff names, including position, accompanies this report. A description of staff responsibilities is found behind Tab 22, Orientation Manual, in this *Book of Reports.*

Testing Department

Objective 1: To maintain the highest quality and integrity of the National Council Licensure Examinations (NCLEX).
Supporting activities:

- Compiled evidence used by the Board in re-evaluating the NCLEX-RN passing standard;
- Monitored, analyzed and reported the implications of the Americans with Disabilities Act for examination modifications;
- With CTB, set and implemented a prioritized agenda for psychometric research;
- Designed and carried out a study of the relationships between time and NCLEX performance for English-as-a-Second-Language candidates;
- At the direction of the Administration of Examination Committee, requested and reviewed security procedures from jurisdictions not having procedures less than two years old on file;
- With CTB, worked to institute a repeater tracking service ;
- Recruited, screened and coordinated notification of NCLEX panel members;
- Provided daily liaison with and periodic monitoring of CTB.

Objective 2: To facilitate a successful, smooth transition to Computerized Adaptive Testing (CAT).
Supporting activities:

- Drafted and issued a Request for Proposals to potential vendors of CAT testing services; participated in analysis, negotiation, and evaluation of bids;
- Drafted a Master Plan to guide the transition to CAT; following approval, facilitated all implementation activities according to the plan;
- Facilitated nurse experts' complete review of the PN item pool;
- Worked with software developers to enhance the CAT software;
- Coordinated plans for CAT-PN field testing, including design, contact with jurisdictions and schools, candidate recruitment materials, and test sites;
- Developed and analyzed responses to surveys regarding legal/regulatory aspects of CAT implementation; disseminated information regarding legal implications to appropriate groups;
- Supported the production of a Member Board readiness "Checklist for Legislative Review;"
- Drafted and disseminated information about CAT by a variety of means: exhibits, brochures, articles, speeches, fact sheets, *Q&A Reference Guide*, newsreleases, and video;
- Made presentations on CAT to a variety of audiences;
- Worked with a business consultant to explore opportunities for CAT-related commercial product development, at the request of the Board of Directors.

Objective #3: To produce and promote a high-quality Nurse Aide Competency Evaluation Program (NACEP), in compliance with all federal standards.
Supporting activities:

- Monitored *Federal Register* for issuance of final regulations; worked with legal counsel and The Psychological Corporation (TPC) to assure compliance by April 1, 1992;
- Worked with TPC to assure production and field testing of new forms of the written NACEP and manual skills situations;

- Revised the checklist of manual skills for home health aides;
- Sponsored a third Nurse Aide Conference in Baltimore in December and secured appropriate, informative speakers;
- Compiled evidence used by the Board in re-evaluating the NACEP written and manual skills passing standards;
- Worked with legal counsel to execute a one-year contract extension with TPC as directed by the Board;
- Provided daily liaison with and periodic monitoring of TPC.

Public Policy, Nursing Practice and Education Department

Objective: To promote public policy related to the safe and effective practice of nursing in the interest of public welfare.
Supporting activities:

- Supported committee work pertaining to advanced practice, including gathering current data about state regulation of advanced practice, and sponsoring two "leadership roundtables" on the topic of advanced nursing practice to encourage dialogue and draft a position paper and model statutory language;
- Encouraged Member Boards to request information from the disciplinary data bank, by providing a variety of methods of access;
- Developed the conversion of the disciplinary data bank to a new database, incorporating new fields (mirroring those anticipated for the National Practitioner Data Bank, NPDB) and new reports;
- Developed ideas for future research regarding disciplinary processes utilized by Member Boards;
- Monitored current issues with potential implications for Member Boards' functions, e.g., HIV/HBV/AIDS legislation, NPDB, Americans with Disabilities Act, health care reform proposals;
- Represented the National Council to a variety of audiences on issues of importance to the National Council and Member Boards;
- Served as a member of the Executive Committee of the National Practitioner Data Bank;
- Supported committee work pertaining to cooperative paper on nursing shortage, continued competence, and impact of disabilities on practice;
- Consulted on a daily basis with Member Board and other callers regarding issues related to nursing regulation.

Communications Department

Objective: To be recognized by all audiences as the prime source of information and expertise regarding the regulation of nursing practice and education.
Supporting activities:

- Published *Issues, State Nursing Legislation Quarterly,* the *Newsletter,* and the *Annual Report* on a regular basis;
- Published newsreleases, fact sheets, CAT Communiques and other special-purpose publications as warranted;
- Wrote and published *The NCLEX Process* as an information resource on NCLEX for general audiences;
- Planned meetings which bring Member Boards and others together to interact on issues affecting nursing regulation, e.g., the Annual Meeting, Area Meetings, Fall Planning Retreat, Nurse Aide Conference III;
- Explored new meeting types which may enhance opportunities for "acting and counseling together," e.g., concurrent educational sessions at the Annual Meeting and planned Area Meeting regulatory conferences in 1993;
- Drafted and, after approval, implemented a Communications Plan for the National Council;
- Provided and coordinated assistance to and among Member Boards through the Resource Network;
- At the direction of the Board, carried out an awards program to support recognition of the value of Member Boards' and volunteer participation in the National Council.

Research Department

Objective: To provide research and information valuable to Member Boards, and to provide and promote use of information about nursing regulation by others as appropriate.
Supporting activities:

- Instituted a database of surveys conducted by and about Member Boards' functions, and published its contents on a periodic basis;
- Performed the biennial update of *Member Board Profiles* and annual compilation of licensure statistics;
- Completed a study demonstrating the technical and financial feasibility of establishing a nurse information system (externally funded);
- Worked with committee and legal counsel to draft a contract which delineates terms of implementation for a nurse information system, disseminated it, and contacted Member Boards during their review to discuss their potential participation;

- Submitted a proposal for funding of a study of approaches to regulatory management of the chemically dependent nurse to the National Institute for Drug Abuse;
- With the National Board of Medical Examiners, modified the Computerized Clinical Simulation Testing (CST) software to reflect changes in the testing model, including use of a free-entry format for nursing assessments; added to the underlying databases; initiated new case development;
- Designed studies to explore the applicability of CST for competence assessment at levels other than initial licensure;
- Drafted, disseminated and analyzed responses to a survey of Member Boards' needs related to credentialing of foreign-educated nurses;
- Performed in-depth research into nursing competencies across settings and levels of practice, drafted a new instrument for use in job analysis and role delineation studies, and pilot tested the instrument (Attachment A);
- Sought permission from Member Boards for participation of nurses/candidates within their jurisdictions in the role delineation study scheduled for 1992-93;
- Interacted with other organizations collecting data and performing research relevant to nursing and health care, including Interagency Conference on Nursing Statistics and National Nursing Research Roundtable; represented the National Council at appropriate conferences.

Administration Department

Objective: To assure National Council programs and services are well-planned and implemented, consistent with Delegate Assembly and Board direction.

Supporting activities:

- Facilitated selection of qualified people to perform the work of the organization, through the employment process and by supporting the Board of Directors in the committee appointment process;
- Facilitated effectiveness of meetings through liaison activities, clarifying needed outcomes, providing resources, and promoting information exchange between related groups;
- Supported organizational long range planning through work with the Long Range Planning Committee and Board of Directors;
- Created systems for tracking the projected activities of all groups and coordinated reporting of outcomes to the Board of Directors;
- Worked with the Board to compile, revise and edit a Board Policy Manual;
- Maintained frequent contact and follow-up responses with Member Board representatives, by phone and in person;
- Coordinated interorganizational leadership liaison meetings and promoted the inclusion of National Council viewpoints in relevant issues.

Operations Department

Objective: To provide cost efficient and effective operational services and environment.

Supporting activities:

- Supplied and monitored financial reports which provide information on the organization's current and projected financial status;
- Arranged for the annual audit by certified public accountants;
- Invested the National Council's funds to assure security and high return;
- Converted to a local area computer network and more powerful and efficient computer system;
- Assisted Member Boards with NCNET and the related pilot projects for access to disciplinary data and licensure verification;
- Negotiated for expanded space;
- Planned and implemented a change in the health benefits program for staff.

The staff is pleased to have been able to contribute to the National Council's mission while working in concert with so many dedicated volunteer leaders during the past year. We wish to express our thanks to the Board of Directors and Member Boards for providing challenging and rewarding work and for offering the opportunity to help make a difference.

Executive Director

Jennifer Bosma, Ph.D., C.A.E.

1991-92 National Council Staff

Administrative Staff

Jennifer Bosma, Ph.D., C.A.E .... Executive Director
Doris E. Nay, M.A., R.N. .... Associate Executive Director

Ruth Bernstein, M.B.A. .... CAT Project Associate
Anna Bersky, M.S., R.N. .... CST Project Director
Jodi Borger .... NCLEX Administrative Assistant
Nancy Chornick, Ph.D., R.N. .... Research Associate
Susan Davids .... Manager of Meetings and Convention Services
Larry Early, Ph.D .... Director of Testing Services *(through January 1992)*
Ellen Gleason, M.S.I.R.. .... NACEP Program Manager
Christopher T. Handzlik .... Editor
Barbara Halsey, M.B.A. .... CAT Project Manager
Kathleen J. Hayden, B.B.A. .... Financial Manager
Ellyn Hirsch .... CAT Administrative Assistant
Ellen Julian, Ph.D. .... Psychometrician
William J. Lauf, M.B.A., C.D.P. .... Director of Operations *(through September 1991)*
Nancy Miller, M.S., R.N. .... NCLEX Program Manager
Melanie Neal .... NIS Project Manager
Kerry Nowicki .... Publications Manager
Bruce Rowe .... Information Resource Manager *(through November 1991)*
Larry Sankey .... Information Resource Manager
Matthew Schulz, Ph.D. .... Psychometrician *(through September 1991)*
Vickie Sheets, J.D., R.N. .... Director for Public Policy, Nursing Practice and Education
Tom Vicek, M.B.A., C.P.A. .... Director of Operations
Ann Watkins .... Executive Secretary
Anne Wendt, Ph.D. .... NCLEX Program Manager
Susan Woodward .... Director of Communications
Carolyn J. Yocom, Ph.D., R.N. .... Director of Research Services
Anthony R. Zara, Ph.D. .... Director of Testing Services

Support Staff

Renee Albers .... Research
Wanda Anderson .... Operations
Cynthia Bentel .... Research
Richard Bentel .... Public Policy, Nursing Practice and Education
Tamara Bowles .... Testing
Yvonne Brown .... Communications
Beth Cayia .... Research *(through July 1991)*
Haiba Hamilton .... Communications
Beverly Howard .... Testing
Marco Huerta .... Operations *(through May 1992)*
Jerrold Jacobson .... Research
Donna Masiulewicz .... NACEP
W. Louise Peter .... Testing
Sandra Rhodes .... Administration
Cathy Streeter .... Research *(through October 1991)*
Mary Trucksa .... Operations
Fleurette Workman .... Reception

Development of Job Analysis and Role Delineation Data Collection Instrument

Background
The National Council periodically conducts job analysis and role delineation studies to obtain information about the practice patterns of nursing personnel. A Job Analysis Study of Entry-Level Registered Nurse (RN) Practice and a Role Delineation Study are scheduled for implementation in fall 1992. The Job Analysis Study of Entry-Level Licensed Practical/Vocational Nurses (PN/VNs) is scheduled for January 1994. The data collection instrument used in studies performed between 1984 and 1990 was developed in 1984. Because this instrument needs to reflect current nursing practice, a new one is currently being developed for use in the upcoming studies.

Instrument Development
During FY92, a new data collection instrument was developed and pilot tested. In order to assure that the data collected with the new instrument reflect current nursing practice, a two-step process was used in its development. This process, which was reviewed and approved by the External Job Analysis Monitoring Panel, consists of: (1) establishment of a conceptual framework and (2) development of activity statements.

Establishment of a Conceptual Framework
A conceptual framework was used to provide structure for the initial list of nursing activities and to provide a method of reviewing the list for comprehensiveness and representativeness. The framework used was the one identified by the Examination Committee after reviewing results of the 1985 job analysis study.

This conceptual framework consists of two components: (1) the Nursing Process and (2) Client Needs. The Nursing Process component consists of five steps: assessment, analysis, planning, implementation, and evaluation. Client Needs, the second component, is comprised of four major categories: (1) safe, effective care environment, (2) physiological integrity, (3) psychosocial integrity, and (4) health promotion/maintenance. Each of the four major categories of Client Needs is further broken down to a total of 17 subcategories. These two components interact to produce a holistic picture of nursing practice. Additionally, integrated throughout the framework are the role elements of nursing practice which include communication skills, principles of teaching and learning, community resources and family systems.

Development of Activity Statements
A list of approximately 1,300 nursing activity statements, representing the activities of a wide range of nursing personnel (e.g., nursing aides, licensed practical/vocational nurses, registered nurses, and advanced practitioners), was compiled from a variety of sources. Sources used for development of the list include: (1) current nursing literature, (2) computerized descriptions, (3) critical incident descriptions, (4) Computerized Clinical Simulation Testing (CST) nursing intervention data base, and (5) nursing activities used in previous job analysis studies.

Examination of the nursing literature consisted of a review of nursing journals published within the past five years and the most recent editions of nursing reference books which are commonly used within the nursing profession. Examples include: *American Journal of Nursing*, *Nursing Outlook*, Luckman and Sorenson's *Medical and Surgical Nursing*, and Whaley & Wong's *Nursing Care of Infants and Children.*

Job descriptions were obtained from all types of health care institutions where nursing personnel are employed. In order to assure representation from a variety of institutions and geographic locations, four health care facilities were randomly selected in each jurisdiction. These institutions were requested to provide job descriptions for all levels of nursing personnel. A total of 84 institutions responded. The job descriptions were reviewed for nursing-related activities.

Critical incident descriptions were obtained from the 1990 RN job analysis study. In this study, newly licensed RNs were asked to describe two situations in which they did something that had a significant impact on the well-being of their clients. Approximately 3,000 critical incident descriptions were analyzed to identify nursing activities performed.

In addition to the utilization of nursing literature, job descriptions, and critical incident descriptions as sources for nursing activities in compiling the initial list, the CST nursing intervention database and nursing activities identified in the previously used job analysis data collection instrument were also considered. The initial nursing activity list, derived from all of the above sources, served as the foundation for the final data collection instrument to be used in both the job analysis and the role delineation studies.

Refinement of Activity List

After the initial list of nursing activity statements (n=1,356) was compiled, the activities were then categorized utilizing the conceptual framework described above. This procedure was followed in order to determine if inadequacies existed in either the activity list or the conceptual framework. Analysis of the categorized activities demonstrated no inadequacies within any of the categories. Also, no difficulties were encountered by staff when categorizing the activities using this framework, thereby providing some evidence that both the list and framework were acceptable at this stage of the study.

An advisory panel was convened to evaluate the initial nursing activity list. The Job Analysis and Role Delineation Data Collection Instrument Advisory Panel (Advisory Panel) was composed of clinical experts from a wide variety of specialty areas and geographic backgrounds. The initial list of nursing activities was evaluated by the Advisory Panel to determine if the activities were representative of the domain of nursing. The Advisory Panel also suggested additional nursing activities and reviewed the list for redundancy, as well as incomplete or ambiguous wording.

After the Advisory Panel agreed that the revised nursing activity list was comprehensive and represented the domain of nursing, a structural grid was developed. The grid consisted of a two dimensional theoretical framework with the accepted North American Nursing Diagnosis Association (NANDA) nursing diagnoses extending horizontally and other theoretical frameworks, such as body systems and outlines of nursing textbook content, extending vertically. Each of the nursing activities was plotted on the grid to determine if any discrepancies existed between the nursing content represented by the grid and the list of nursing activities. Analysis of the plotted nursing activities indicated that the list was representative of the content area of the grid, indicating support for the conceptual framework. However, the plotted activities also revealed that some nursing content was more heavily represented compared to other content areas. Using the structural grid as a guide, the number of nursing activities was reduced, with attention directed toward frequently represented content areas. The resulting list (n=279) reflected a more even distribution of activities across the content areas.

During the second meeting of the Advisory Panel, the reduced list of nursing activities was reviewed to confirm that the list continued to be comprehensive and representative of the domain of nursing practice. Because the list was still lengthy, the Advisory Panel also suggested additional reductions in the list. Finally, the Advisory Panel reviewed the directions and demographic questions to be used in the data collection instrument for comprehensiveness and clarity.

Following the second Advisory Panel review, the revised list of 266 nursing activities was reviewed by a variety of nurses. Nurses on the National Council staff and on CTB's staff reviewed the list as well as nursing service personnel and nurse educators.

The nursing service sector was represented by 20 nurses from a variety of clinical areas and geographic locations who were currently in practice and had expressed a willingness to review the list. The nursing activity list was sent to them with the following criteria included as a guide: (1) the nursing activity list must represent the domain of nursing; (2) the list can contain no more than 250 to 300 activities to insure an adequate response rate; and (3) the activities need to be varied enough to measure differences among the different types of health care personnel. The nurses were asked to provide any comments which would help finalize a list of nursing activities representative of what nursing personnel do (i.e., indicate activities which don't apply to current nursing practice, add activities which should be included, etc.). Eighteen nursing service personnel (90%) responded to our request. Most of their comments reflected geographic differences in terminology. Revisions were made based on their suggestions.

In order to obtain input from nurse educators, the following approach was used. Nursing education programs, representing baccalaureate, associate degree, diploma and licensed practical/vocational nursing education in all jurisdictions were randomly selected (n=185). Deans of these programs were requested to give the nursing activity list to nurse educators in their programs who are currently in clinical practice. The nurse educators were provided with the same criteria as those nurses working in nursing service agencies. They were asked to indicate those activities which should be included in the data collection instrument for the job analysis and role delineation studies. To date, the response rate from nursing programs is 87% (n=162) and responses continue to be received. Feedback from nurse educators has resulted in revisions in the nurse activity list.

In addition to requesting nurses to evaluate the nursing activity portion of the instrument, the data collection instrument is currently being pilot tested. Pilot testing is being done not only to eliminate difficulties associated with administration, but to further validate the content of the instrument. At each pilot testing session, participants are asked to complete the data collection instrument and then to answer questions that address content validity, as well as any difficulties they encountered while answering the items.

Members of the Advisory Panel are also conducting pilot testing sessions in their health care agencies using the same protocol as National Council staff. In addition, 20 nursing personnel, who previously indicated a willingness to participate in the pilot study, have been sent a data collection instrument with instructions. Modifications are being made in the data collection instrument based on results from each pilot testing session.

Future Activities

After pilot testing is completed, the final list of nursing activities will again be categorized according to the conceptual framework and the structural grid, as described above, to ensure that all areas of the nursing domain will be represented in the final version of the data collection instrument.

The External Job Analysis Monitoring Panel is scheduled to meet in June to review the final draft of the data collection instrument and the methodology for conducting both the job analysis and role delineation studies.

Advisory Panel

Sandra Gayle Hendy, OR, Area I
Noreen A. Hubner, ME, Area IV
Nancy Smart, IL, Area II
Cerena Henderson Suarez, TX-RN, Area III
Kathleen Zambo, SD, Area II

External Job Analysis Monitoring Panel

Angela Jacobs, M.S., R.N., Azusa Pacific University
Michael Kane, Ph.D., University of Wisconsin-Madison

Staff

Nancy Chornick, *Research Associate*
Carolyn Yocom, *Director of Research Services*

6
LONG RANGE PLANNING
COMMITTEE

Report of the Long Range Planning Committee

Recommendation

1. The Long Range Planning Committee recommends the approval of the revised National Council goals and objectives as presented in the Organization Plan (Attachment A).

Background

In 1988, the Long Range Planning Committee was established as a standing committee by the Delegate Assembly. The bylaws' charge to this committee is to establish and implement periodic review of National Council's structure, effectiveness, mission statement, goals, objectives, and strategies, and propose revisions as indicated.

At the 1990 Delegate Assembly, the delegates reaffirmed the mission statement of the National Council, and the Long Range Planning Committee presented the updated rank ordering of the National Council's goals and objectives.

In 1991, the Long Range Planning Committee presented a preliminary description of the data received from the Trend Analysis survey to the Delegate Assembly.

Meetings

The Long Range Planning Committee met October 7-9, 1991; November 25, 1991, by conference call; January 8-10, 1992; February 27, 1992, by conference call; April 8-10, 1992, and June 11-12, 1992.

Activities

The committee analyzed and interpreted the Trend Analysis data as well as reviewed the rank ordering of the goals and objectives, the reaffirmed mission statement, and the current long range plan. A proposed Organization Plan was subsequently drafted. The proposed Organization Plan was shared with the Board of Directors and National Council staff and was presented at each Area Meeting. Based on the comments received, the proposed Organization Plan was finalized for presentation to the 1992 Delegate Assembly.

Future Activities

During FY93, the Long Range Planning Committee will ask Member Boards to rank order the goals and objectives. The committee will review the Organization Plan of the National Council to determine the effectiveness of the structure of the National Council in facilitating the implementation of the plan. Recommendations will be developed as indicated.

Committee Members

Marcia Rachel, MS, Area III, *Chair*
Pat Broten, ND, Area II
Leola Daniels, ID, Area I
Nancy Durrett, VA, Area III
Lorinda Inman, IA, Area II
Jeanette Ware, VT, Area IV

Board Liaison

Gail McGuill

Staff

Doris E. Nay, *Associate Executive Director*

Attachment A

NATIONAL COUNCIL OF STATE BOARDS OF NURSING

Proposed Organization Plan

The mission of the National Council of State Boards of Nursing is to promote public policy related to the safe and effective practice of nursing in the interest of public welfare. It strives to accomplish this mission by acting in accordance with the decisions of its member boards of nursing on matters of common interest and concern affecting the public health, safety and welfare. To accomplish its aims, the National Council provides services and guidance to its members in performing their functions which regulate entry to nursing practice, continuing safe nursing practice and nursing education programs.

Goal I. <u>Licensure and Credentialing</u>

Provide Member Boards with examinations and standards for licensure and credentialing.

Objective A. Conduct job analysis studies to serve as the basis for examinations.

Objective B. Provide examinations that are based on current accepted psychometric principles and legal considerations.

Objective C. Implement computerized adaptive testing for the licensure examinations.

Objective D. Conduct research and development regarding computerized clinical simulation testing for initial and continued licensure.

Objective E. Provide a competency evaluation program for nurse aides.

Objective F. Promote consistency in the licensure and credentialing process.

Objective G. Investigate mechanisms for evaluating continued competence.

Goal II. **Nursing Practice**

Provide information, analyses and standards regarding the regulation of nursing practice.

Objective A. Develop documents which provide guidance regarding the regulation of nursing practice.

Objective B. Develop documents regarding health care issues which affect safe and effective nursing practice.

Objective C. Conduct research on regulatory issues related to disciplinary activities.

Objective D. Provide information about disciplinary actions taken by Member Boards.

Objective E. Review and analyze actions of government and other entities that affect the regulation of nursing practice.

Goal III. **Nursing Education**

Provide information, analyses and standards regarding the regulation of nursing education.

Objective A. Develop documents which provide guidance regarding the regulation of nursing education.

Objective B. Develop documents regarding issues that affect the regulation of nursing education.

Objective C. Provide for Member Board needs related to the approval process of nursing education programs.

Objective D. Review and analyze actions of government and other entities that affect the regulation of nursing education.

Goal IV. **Information**

Promote the exchange of information and serve as a clearinghouse for matters related to nursing regulation.

Objective A. Implement a comprehensive repository of information.

Objective B. Establish a nurse information system for use by Member Boards and others.

Objective C. Provide consultative services for Member Boards.

Objective D. Facilitate communication between National Council, Member Boards and related entities.

Goal V. **Organization**

Implement an organizational structure that uses human and fiscal resources efficiently.

Objective A. Implement a planning system to guide the National Council.

Objective B. Implement a fiscal resource management system.

Objective C. Maintain a system of governance that facilitates leadership and decision making.

Objective D. Conduct and disseminate research pertinent to the mission of the National Council.

7
FINANCE COMMITTEE

Report of the Finance Committee

Meeting Dates

The Finance Committee met October 7, 1991; January 27-28, 1992; April 9-10, 1992; and June 15-16, 1992. Conference calls were held November 19, 1991; December 3, 1991; May 1, 1992; and July 27, 1992, to review quarterly financial information and any proposals to be presented to the Board of Directors with a fiscal impact.

Activities

- Reviewed the FY93 budget including capital acquisition requests, and presented the tentative budget to the Board at its July meeting. The final budget, with any budget adjustments resulting from Delegate Assembly action incorporated therein, will be approved by the Board for implementation October 1, 1992.

- Met with Ernst & Young audit firm to discuss the FY91 audit. The committee also reviewed the management letter and recommended to the Board approval of the FY91 audit.

- Surveyed Member Boards in connection with providing financial assistance for delegates to the Annual Meeting.

- Recommended fee schedule for FY92 Annual Meeting.

- Reviewed all financial policies and submitted revisions to four policies for approval by the Board of Directors.

- Reviewed five-year financial forecasts, particularly in connection with the Computerized Adaptive Testing (CAT) project and Computerized Clinical Simulation Testing (CST).

- Reviewed funding proposals for the Computerized Clinical Simulation Testing Project.

- Developed Policy on Inventory Obsolescence.

- Reviewed requested changes to the CAT Designated Fund and provided the Board with appropriate recommendations.

- Reviewed a summary of the Designated Fund covering Phases I and II of the CAT project and recommended that the balance remaining in the CAT Designated Fund be transferred to the undesignated fund balance.

- Developed FY93 Budget Assumptions and Budget Calendar.

- Discussed with the Director of Research Services the problems encountered with the timing of receiving funding for continuation of a project and the end of the first phase. Developed a mechanism to address the problems.

- Revised Guidelines for Area Meetings to specify responsibilities related to expenses.

The Finance Committee has had an interesting and challenging year. To see the diversity and complexity of National Council's activities, as the committee has reviewed them from the fiscal perspective, has been exciting. The work of the committee has been facilitated by Kathleen Hayden, Financial Manager. The committee would like to express its appreciation to her as well as to the staff for their responsiveness to requests from the committee.

Committee Members

Carol Osman, NC, Area III, *Treasurer and Chair*
Lucille Baldwin, AZ, Area I
Charlene Kelly, NE, Area II
Sheila McMahon, DE, Area IV
Barbara Morvant, LA-RN, Area III

Staff

Kathleen J. Hayden, *Financial Manager*

8

BOARD OF DIRECTORS
REPORT
(INCLUDES CAT REPORTS)

Report of the Board of Directors

Recommendations

The Board of Directors recommends that:

1. The National Council, at this time, decline the request for access to NCLEX-PN from Manitoba and any other similarly situated province/country who might make a similar request.

2. The Board of Directors discontinue evaluating the adequacy of sample size and appropriate instrumentation for a limited scope job analysis of nurses in evolving levels of nursing practice (directive from 1989 Delegate Assembly), until further direction is received from the Delegate Assembly regarding future examinations.

The following issues will be addressed in supplementary mailings to the Board's report to the Delegate Assembly:

1. Information and comparative evaluation of test service proposals for Computerized Adaptive Testing (CAT) administration of NCLEX. *(late June)*

2. Essential features of the proposed Member Board contract with the National Council, to be effective with the first CAT administration. *(after the July 13-15 Board of Directors' meeting)*

3. When the information is available so that a decision regarding implementation of a Nurse Information System (NIS) may be made, that decision will be made by the Delegate Assembly. *(The Board anticipates that a recommendation may be received from the Nurse Information System Committee in July.)*

4. A description of a study of the effects of time and English-as-a-Second-Language on NCLEX performance, based on analysis of the February 1992 NCLEX-RN and April 1992 NCLEX-PN.

Background and Rationale - Recommendation #1

At the August 1991 meeting of the Delegate Assembly, the delegates adopted a resolution that the National Council study the issues related to the use of licensure examinations in Manitoba and similarly situated provinces/countries, and present a report describing options to the 1992 Delegate Assembly. The Board of Directors' Projects Committee (Gail McGuill, Jean Caron, and Marcella McKay) was charged with studying the issues and describing the options. The committee identified several areas for investigation: National Council organizational issues, definitions related to international testing, and psychometric issues.

The Projects Committee began to meet this charge by carefully reviewing National Council's mission statement, goals and objectives, and bylaws:

- The National Council's mission statement, reaffirmed by the 1990 Delegate Assembly, states, ".... *strives to accomplish this mission by acting in accordance with the decisions of its Member Boards of Nursing*....".

- The goals and objectives of the National Council directly relate to the achievement of the mission of the National Council.

- Bylaws Article 111. Membership and Fees, A.1. defines a state board of nursing as, "*the governmental agency empowered to license and regulate nursing practice in any state, territory or political subdivision of the United States of America.*" Article 111.A.2. states, "*Any state board of nursing that agrees to use, under the terms and conditions specified by the National Council, one or more licensing examinations developed by the National Council and pays the required fees may be a member of the National Council.*"

Based on the above information, the committee determined that at this time a province/country not considered a territory or political subdivision of the United States of America would not be eligible to be a member of the National Council of State Boards of Nursing, Inc.

The committee then requested a legal definition of "similarly situated" from Attorney Thomas O'Brien of Vedder, Price, Kaufman & Kammholz. His response was that "similarly situated" defies definition, absent an articulation of factors to be used to make the comparison, e.g., educational system, language, and culture.

The committee investigated other issues related to international test use and eligibility for use of examinations. The chairs of the National Council's Examination, Administration of Examination and Bylaws Committees were contacted and invited to assist in the deliberation of these issues. A telephone conference call with those committee chairs was held on February 21,1992. The discussion addressed the pros and cons of the various forms of international test use such as use of NCLEX outside the Member Board jurisdictions; the creation of generic "1st level" and "2nd level" nursing examinations; and also the tailoring of an examination for a province/country. Areas of eligibility considered were English speaking provinces/countries and those with similar licensure standards or nursing education. During the discussions, multiple issues were identified relating to international test use and eligibility for use of NCLEX, e.g., security, increased need for item development, job analysis, need to revisit the mission statement, need for bylaws changes. The participants expressed a concern regarding the wisdom of pursuing, at this time, the issue of access to NCLEX by non-members of the National Council, given the many activities currently being studied, developed and/or implemented by the National Council, e.g., CAT, NIS, CST, DDB, Advanced Practice.

After careful review of all the data and assessment of the potential impact on National Council resources, the Board of Directors, as directed by the 1991 Delegate Assembly, present, the following three options for consideration in responding to the request from Manitoba and to other similarly situated provinces/countries who might make similar requests for access to NCLEX-PN.

- Option 1 - At this time, decline the request from Manitoba and to other similarly situated provinces/countries who might make similar requests for access to NCLEX.

- Option 2 - Consider a contract for use of examinations without membership.

  This option would require a bylaws change. Issues such as those involving security and the need for more items would have to be studied.

- Option 3 - Consider an associate membership which would allow access to examinations.

  This option would require a bylaws change, and the issues related to job analysis, examination development and administration would have to be addressed.

  The implementation of Options 2 and 3 would require considerable human and fiscal resources from the National Council, primarily affecting the testing committees and staff as well as research staff.

Background and Rationale - Recommendation #2

Following report of the work of the Task Force on Examinations for the Future and the Subcommittee on PN/VN Competencies, the 1989 Delegate Assembly directed "*that when the Board of Directors has determined there is sufficient information regarding the validity of the qualitative instrument, and sufficient sample size in differentiated practice sites to support the conduct of a job analysis, then the Board of Directors will recommend to the Delegate Assembly that a limited scope job analysis will be conducted to determine whether the three sets of hypothesized competencies are validated.*" The Board has reported each year since then that the conditions for undertaking the limited scope job analysis to determine whether or not the synthesized competencies were valid have not been achieved. At this point, three years later, the conditions are still not in place. If they were, the competencies would have to be re-examined and updated prior to conducting the research. Thus, the Board recommends that the monitoring be discontinued. At such time as the Delegate Assembly directs activity with respect to future examination development, the appropriate design and monitoring will be initiated.

Activities

The following are the major actions taken by the Board during the past year.

NCLEX

- Directed staff in preparation for data collection to enable analysis of performance of English-as-a-Second-Language candidates on NCLEX-RN and -PN.
- Considered a candidate's challenge to one item on the July 1991 NCLEX-RN and upheld the item as a psychometrically sound, valid and correctly keyed item.
- In response to the Americans with Disabilities Act, approved an interim policy regarding examination modifications for disabled candidates.
- Based on recommendation of a panel of judges and survey data from nursing educators, nursing service personnel, and boards of nursing, determined that the new NCLEX-RN passing standard, effective July 1992, will be slightly more difficult than the current standard, requiring that candidates answer approximately two to three more questions correctly.

Computerized Adaptive Testing (CAT)

- Issued a Request for Proposals (RFP) for test services capable of providing item development and research, applications processing, and/or computerized testing for CAT.
- Selected WA-PN, GU, TX-VN, LA-PN, MO, OH, and NJ as the jurisdictions for PN field testing for CAT in conjunction with the October 1992 NCLEX-PN.
- Surveyed Member Boards regarding CAT jurisdictional legal issues related to CAT implementation.
- Adopted a Master Plan for the transition to CAT, including objectives, activities, responsibilities, decision points, budget and staffing.
- Explored the market and potential business plan for CAT commercial products; decided not to pursue product development at this time due to need to devote available resources to CAT transition.
- Designated funds for development of additional PN and RN test items to reach a goal of two acceptable item pools prior to CAT implementation.
- On the basis of submitted proposals and recommendation by the CAT Proposal Evaluation Team, selected the following companies with which to negotiate contracts for services for CAT-NCLEX, for presentation to the 1992 Delegate Assembly: American College Testing, CTB MacMillan/McGraw-Hill, and Educational Testing Service; each bidder also has a subcontractor for provision of computerized testing services.

Nurse Aide Competency Evaluation Program (NACEP)

- Authorized the use of a checklist, administered by a registered nurse and used in conjunction with the recommended guidelines, for the manual skills evaluation component of the NACEP.
- Approved revisions to the NACEP Blueprint, based on the nurse aide job analysis, for implementation in May 1992.
- Adopted criteria for NACEP test services which will be used in the process of negotiations for future NACEP contracts; evaluated the performance of The Psychological Corporation and communicated results to TPC management.

- Re-evaluated the passing standards for the NACEP and set a higher standard for the written evaluation. Each task in the manual skills evaluation has its own percentage of elements required to be performed correctly in order to successfully complete the task; three of five tasks in the "situation" must be successfully completed to pass the manual skills evaluation, which is the same standard as previous.

Public Policy, Nursing Practice and Education

- Approved convening of a "Leadership Roundtable for Advanced Practice," consisting of groups offering certification for advanced practitioners, to discuss issues related to regulation of advanced practice.

- Reviewed several drafts and provided input regarding the position paper and model statutory language for regulation of advanced practice, at the request of the Subcommittee on Regulation of Advanced Practice.

- Directed staff to prepare information and facilitate networking among Member Boards on HIV/HBV issues involved in the preparation of statewide plans for compliance with Centers for Disease Control (CDC) guidelines.

- Approved funds for conversion of the formats and database program for the Disciplinary Data Base.

- Reviewed input on *Nursing's Agenda for Health Care Reform* and encouraged the Nursing Practice and Education Committee to seek other committees' viewpoints, as well as input from Member Boards, regarding regulatory implications of the agenda.

Communications and Information

- Approved a National Council Communications Plan with three primary objectives:
  1. To establish communications which facilitate a responsive exchange between external and internal audiences.

  2. To enhance the National Council's image and credibility through utilization of a variety of professional communications vehicles.

  3. To create and seek communications opportunities that promote, inform and educate on issues regarding the regulation of nursing practice and regulation.

- Approved a generic annual meeting schedule to be implemented in 1993, providing for all business and related forums to be conducted on Thursday through Saturday, with optional educational sessions preceding and/or following these days.

- Approved a recommendation to conduct the 1993 Regulatory Conference as a day added to each of the 1993 Area Meetings, optional for attendees; the agenda may be tailored for each Area, and the presenters will be primarily Member Board representatives with expertise in current regulatory issues.

- Directed that the future of licensure verification be studied within the larger issue of electronic communications/ information access for the National Council membership.

Research

- Adopted criteria for and appointed an advisory panel to the research staff to consult on the preparation of an instrument to be used in future job analysis and role delineation studies; disbanded the Job Analysis Monitoring Panel, but retained the External Job Analysis Monitoring Panel for review of study methodology and results.

- Approved funding to pay expenses for staff, some project activities, and software license following the end of the W.K. Kellogg Foundation grant funds and pending a Kellogg decision regarding further funding.

- Approved a budget increase request from the NIS Committee to allow for an additional stage of the feasibility study involving the drafting of contracts with each Member Board delineating that Board's participation in the

NIS (i.e., data to be provided, guidelines for National Council use and release of the data, and charges/ remuneration for data release); performance of this legal work was anticipated to reveal the level of state participation possible and facilitate securing external funding for a subsequent stage.

Organizational

- Appointed members to committees for FY92, including Administration of Examination, Bylaws, CAT Teams (PN Field Test, Education/Information, Implementation, Proposal Review, Negotiating, and Expert Panels), Communications, Computerized Clinical Simulation Testing Steering Committee, Examination, Finance, Foreign Educated Nurse Credentialing, NACEP, Long Range Planning, Nurse Information System, and Nursing Practice and Education.

- Formed Board of Directors committees for the year. Projects: Gail McGuill, Chair; Jean Caron; Marcella McKay. Personnel: Shirley Brekken, Chair; Susan Boots; Judie Ritter. Coordinating: Carolyn Hutcherson, Chair; Joan Bouchard; Carol Osman. Board liaisons to standing and ad hoc committees were established.

- Established a Board of Directors Policy manual.

- Adopted an Annual Planning System to serve as a guide for staff, committees and Board in coordinating meetings each year.

- Began consideration of an organizational vision for the National Council and agreed to develop a draft document for response by the membership.

Operations

- Performed a written performance appraisal of the Executive Director; adopted a professional development plan, key accountabilities and weights for FY92 for the Executive Director.

- Approved and implemented new compensation and benefits plans for National Council staff, based on review and market analysis performed by Ernst & Young.

- Created a designated fund for acquisition of local area computer network and file server hardware.

Meetings

The Board of Directors met on the following dates since the time of the last annual report to the Delegate Assembly:

June 17-19, 1991
July 28-29, 1991
August 3, 1991
August 19, 1991 *
September 9, 1991 *
October 5-6, 1991
October 20-22, 1991
November 15, 1991 *
December 9-10, 1991
January 16, 1992 *
February 20-23, 1992
March 9, 1992 *
April 14, 1992 *
May 6-8, 1992

* Indicates meetings via telephone conference call

Board Members

Carolyn Hutcherson, GA, Area III, *President*
Joan Bouchard, OR, Area I, *Vice-President*
Judie Ritter, FL, Area III, *Secretary*
Carol Osman, NC, Area III, *Treasurer*
Gail McGuill, AK, Area I, *Area I Director*
Shirley Brekken, MN, Area II, *Area II Director*
Marcella McKay, MS, Area III, *Area III Director*
Jean Caron, ME, Area IV, *Area IV Director*
Susan Boots, WA, Area I, *Director-at-Large*

Staff

Jennifer Bosma, *Executive Director*

Report of the Computerized Adaptive Testing - Practical Nurse Field Test Team (CAT-PN Team)

Introduction

The National Council Delegate Assembly decided to implement Computerized Adaptive Testing (CAT) for nurse licensure because it offers some significant advantages over paper-and-pencil testing. CAT provides increased measurement precision over paper-and-pencil testing. When CAT is implemented, examinations will be administered throughout the year. Licensure examination results will be available in much less time following the CAT examination, enabling candidates to enter the workforce as licensed nurses sooner. CAT testing may be less stressful since it provides an individualized testing setting for candidates. Also, CAT can significantly reduce the amount of time needed to complete the examination.

CAT Feasibility Study

Phase I

The feasibility of CAT for NCLEX was investigated in two phases. The major tasks accomplished in Phase I were the development of the CAT software, investigation into the capabilities of the software through pilot testing, assessment of nurses' interactions with the software, pursuit of external funding for the project, and the communication of outcomes. Phase I was completed in 1988 with a report to the Delegate Assembly, which then approved the commencement of Phase II.

Phase II

In August 1988, the Delegate Assembly voted to continue the CAT Feasibility Study through Phase II, but due to possible PN test plan changes, to field test CAT using only RN candidates in July 1990, and February 1991. Phase II expanded the study to investigate the feasibility of the entire CAT measuring system, with the RN field testing designed to provide pivotal information about psychometric comparability and administrative logistics. Phase II was completed with a final report to the 1991 Delegate Assembly.

From Phase II, it was determined that CAT and paper-and-pencil nurse licensure testing are psychometrically comparable and that previous computer experience had no effect on candidate performance. The field testing also showed CAT testing security could be maintained and that demographically diverse groups of candidates are not disadvantaged by taking a CAT examination. In August, 1991, based on the successful results of the CAT-RN field testing, the Delegate Assembly voted to proceed with the implementation of computerized adaptive testing for the NCLEX. As part of the transition, CAT will be field tested with PN/VN candidates, as well.

The CAT-PN Field Test Team Charge

1. Review the PN field test design, monitor the implementation of the field test study, and assist in interpretation of findings.
2. Develop team action plan and budget for accomplishing the necessary work and submit it to the Board of Directors.
3. Provide recommendations to the Board of Directors concerning the timeline for implementation of CAT-PN.
4. Report the results of the CAT-PN field testing to the Board of Directors.
5. Assure that any factors influencing the reliability or validity or fairness of the NCLEX-PN administered via CAT are identified and appropriately addressed prior to implementation of CAT for NCLEX-PN.

6. Prepare regular reports of team plans and activities for use by the Board of Directors in coordinating CAT activities. Develop recommendations for matters relating to National Council policy and budgetary adjustments. Given policy and budgetary constraints, maintain accountability for PN field testing.

Purpose of the CAT-PN Field Testing

The purpose of the CAT field testing for PN/VN candidates is to replicate the CAT-RN field testing study to ensure that CAT is a feasible measurement technology for administering the NCLEX-PN. Specifically, the research is being conducted to address the psychometric comparability of CAT-PN to paper-and-pencil NCLEX, to investigate the efficacy of the field-tested CAT procedures for PN candidates, and to gather reactions of PN candidates to the CAT testing process. The CAT-PN field tests are scheduled to take place in conjunction with the October 1992, NCLEX-PN administration (within approximately two weeks before and after the NCLEX examination dates).

CAT-PN Field Test Study Design and Selection of Jurisdictions

The CAT-PN Field Test Team discussed the issue of CAT-PN field test design, considering all viewpoints expressed at Delegate Assembly, and believes that the purposes of the CAT-PN field testing (mainly to gather psychometric information) can be accomplished with a single CAT administration.

The CAT-PN Team discussed the number of jurisdictions participating in the PN field testing and decided the number of states should be determined by the candidate sampling design and psychometric information needed. The CAT-PN Team also discussed that island jurisdictions comprise about 10 percent of the membership of the National Council (6 of 62) and that very little information has been gathered about their capabilities and environments. Given the candidate sampling requirements as specified by legal counsel, the field testing timeline, and the purposes of field testing, the CAT-PN Team recommended seven jurisdictions, including one island, be selected for the CAT-PN field test.

The CAT-PN Field Test Team reviewed the selection process developed for the RN field testing and determined there was not sufficient time to solicit applications from Member Boards wishing to become CAT field test states. Therefore, the team selected jurisdictions for participation based on the jurisdiction's characteristics, candidate demographics, and previous CAT experience. The jurisdictions (and alternates) were selected by the team and approved by the Board of Directors.

<u>Area I</u>
Washington-PN
Guam
(Alt) Oregon

<u>Area II</u>
Missouri
Ohio
(Alt) Minnesota

<u>Area III</u>
Louisiana-PN
Texas-VN
(Alt) Florida

<u>Area IV</u>
New Jersey
(Alt) Pennsylvania
(Alt) Virgin Islands

These jurisdictions have been asked to contribute staff time and effort. Their full participation and cooperation will be instrumental in making the CAT-PN field testing a success.

The CAT-PN Team strongly believes that with a single CAT-PN field test being conducted, it is imperative the psychometric results be valid and stable. With statistical stability being a paramount goal, the CAT-PN Team recommended that the sampling design for the CAT-PN field testing include 150 candidates per jurisdiction (except for the island jurisdiction), comprising a target sample of 900 candidates. In each jurisdiction, approximately 75 candidates will take the CAT examination before the paper-and-pencil NCLEX-PN, and approximately 75 will take it after.

Candidate Recruitment

Jurisdiction visits have been completed in six jurisdictions serving as CAT-PN field test sites: Louisiana-PN, Missouri, New Jersey, Ohio, Texas-VN, and Washington-PN. The boards of nursing arranged for meetings of a CAT project staff person with the PN Program Directors. General information about CAT was shared along with specific information on

motivating and recruiting candidates for the CAT-PN field test. While in Chicago, a representative of the Guam Board of Nurse Examiners met with CAT project staff to discuss candidate motivation and recruitment techniques. The boards of nursing have gathered information on the demographic composition of each PN nursing education program, providing the National Council an opportunity to review and assist in the selection of targeted programs for field test participation.

In April 1992, education programs were selected, faculty coordinators identified, and initial candidate recruitment efforts started. Letters, fact sheets, brochures, and personal contact will be used to recruit and motivate candidates to participate in the CAT-PN field tests.

In order to obtain the necessary psychometric information, appropriate candidate selection procedures are very important. The candidate sampling design specifies that the National Council oversample from protected minority groups (African-Americans, Hispanics, Asians) as well as repeat candidates to assure their adequate representation in the field tests. Foreign-educated and disabled candidates will be included in the CAT-PN field test, although their numbers are anticipated to be small.

Item Pool for CAT-PN Field Testing

In preparation for the CAT-PN field test, the NCLEX-PN item pool has been reviewed. Content experts verified that the text is accurate and coherent, checked for correct spellings and matching names, and verified that every question reflects current practice. The reviewers were chosen according to NCLEX Panel of Content Expert qualifications. Two complete reviews of the NCLEX-PN item pool were conducted. Tryout items from the NCLEX-PN administered in 492 will be added to the PN item pool prior to the October field test. Proper functioning of the CAT software will be verified by an external computer programmer, CAT project staff and the CAT-PN Field Test Team.

CAT-PN Field Test Sites

The CAT-PN Team discussed potential testing sites for the CAT-PN field tests. Many of the operational issues were determined by the 1991 Delegate Assembly vote to use a national vendor(s) for computerized test administration services. The CAT-PN Team and Board of Directors decided that it would be advantageous to conduct the CAT-PN field tests in professional computerized test centers operated by vendors with the potential of being selected as the actual vendor for CAT. Because the timing of the field testing does not permit waiting until the 1992 Delegate Assembly vendor selection vote to select field testing sites, the CAT-PN Team recommended binding contracts with professional computerized test site vendors be negotiated for the CAT-PN field tests.

Administration Services and Sites

The CAT-PN Team reviewed the three test site proposals submitted by administration service vendors (i.e., Insurance Testing Corporation, Sylvan-Kee Systems, and The Roach Organization) and decided to contract with all three for the field test. Although using three contractors requires additional staff work in negotiating contracts and training of personnel, the CAT-PN Team believes the benefits of using all three outweigh the costs. By using all three, we are certain to gain experience with the administration service chosen by the 1992 Delegate Assembly. In addition, experience with all three vendors will provide further reference check information. The following administration service computerized test site assignments have been made:

Insurance Testing Corporation:	Missouri Ohio
Sylvan-Kee Systems:	Louisiana New Jersey
The Roach Organization:	Texas Washington

Due to the distance and travel expenses required to conduct the field test in Guam, the CAT-PN Team suggested a National Council staff member assist the Guam Board of Nurse Examiners to conduct the test independently. By eliminating this site from the vendors' proposals, lower rates per candidate were negotiated, thereby decreasing costs to meet budget constraints.

Timeline

April - May 1992	Candidate Recruitment
June 1992	Candidate Selection and Recruitment
July - September 1992	Continued Candidate Motivation/Support
July - August 1992	Training of Testing Service(s) Personnel
September 1992	Sending of Admission Documents to Candidates
October 1992	CAT-PN Field Test
December 1992 - February 1993	Data Analysis
February 1993	External Psychometric Review Panel
March 1993	CAT-PN Meeting to Review Results
April 1993	Preliminary Results Presented at Area Meetings
August 1993	Results and Recommendations Presented to the Delegate Assembly

CAT-PN Budget Summary

PN Advisory Committee	Committee Travel	14,100	3 members, 4 two-day trips
PN Advisory Committee	Telephone	450	2 conference calls
PN Field Test	Committee Travel	11,700	12 1-day BOD/Visitor/Observer trips
PN Field Test	Staff Travel	42,000*	(4 site visits, 4 training visits, 4 pre- and 4 post-NCLEX assistance trips)
PN Field Test	Honorarium (Candidate)	108,000 *	1,080 x $100
PN Field Test	Site Rental	64,000 *	1,080 x $60
PN Field Test	Legal Fees	15,000 *	approximately 67 hours x $225
PN Field Test	Consultants	7,200	100 hours x $50; 1,000 for items, 1,200 for NCLEX scores
PN Field Test	Computer Programming	50,000	All CAT fixes and enhancements

* Reflects approved budget modifications

Committee Members

Barbara Kellogg, SC, Area III, *Chair*
Marjorie Bronk, TX-VN, Area III
Helen Kelley, MA, Area IV

Board Liaison

Marcella McKay

Staff

Barbara Halsey, *CAT Project Manager*
Ruth Bernstein, *CAT Project Associate*

Report of the CAT Education Information Team (CEIT)

Introduction

The Board of Directors, recognizing the need for a national CAT education and information program for successful CAT implementation, appointed the CAT Education Information Team (CEIT). The Board of Directors charged the CEIT with the following responsibilities:

1. Provide direction regarding all educational and informational issues related to CAT.
2. Prioritize education/information dissemination opportunities and recommend policies governing National Council participation.
3. Generate ideas about marketing and public relations opportunities that suit appropriate audiences and support possible commercial efforts, if implemented.
4. Develop team action plan and budget for accomplishing the necessary work and submit it to the Board of Directors.
5. Report to the Board of Directors and seek approval for matters relating to National Council policy and budgetary constraints while retaining the authority to develop and implement all CAT communications.

The CEIT met on the following dates: September 24-26, 1991; December 9-10, 1991; February 7-8, 1992; and May 11-12, 1992, at the National Council. The CEIT also met via telephone conference call on March 25 and April 29, 1992.

CEIT Action Plan

The CAT Education Information Team gave much thought and consideration in developing a CEIT Action Plan. Prior to finalizing the action plan, the CEIT reviewed and evaluated many types of communication vehicles to gain a better understanding of the related costs and production timelines. The CEIT selected the most appropriate and cost-effective vehicles to maximize the communications effort. The CEIT Action Plan, which encompasses a three-year time period, establishes CAT communication strategies, identifies appropriate audiences, specifies suitable communication vehicles for each audience, creates a plan for reaching the audiences, and prioritizes the communications flow.

As part of its action plan, the CEIT identified and prioritized 14 target audiences for the purpose of educating and informing about CAT. The target audiences include Member Boards, testing organizations, legislators, other government agencies, professional organizations/associations, media, RN and PN educators, nursing practice groups, military, recruiters, RN and PN students, applicants who are not students, consumer groups, and health care agencies. The CAT communications activities were then placed within a three-year timeline, based on the prioritized audiences. (Attachment A)

CAT Communications

General CAT Brochure

The CEIT prepared a general brochure on CAT to begin the communication effort for all audiences. The brochure provides a basic introduction to CAT, and answers some of the most commonly-asked questions. Each Member Board was sent 500 copies of the brochure in March 1992 and can receive more copies upon request.

Publications

The CEIT identified two ways to communicate about CAT via publications: 1) to submit articles in various national nursing journals to reach a wide-spread audience, and 2) to utilize already-existing National Council publications such as *Issues* and the *Newsletter*. CEIT members submitted articles for publication in the *Journal of Practical Nursing*, *The American Nurse*, and *Nursing Management*. The winter edition of *Issues* outlined the CAT project. A "CAT Corner" has been instituted in the *Newsletter* to help keep Member Boards informed about the project.

CAT Communiqués
Three *CAT Communiqués* were published and distributed to Member Boards to provide them with comprehensive discussion on specific topics. Topics explored in the *CAT Communiqués* were: the *CAT Master Plan*, the CEIT Action Plan, CAT-PN Field Testing.

Fact Sheet on Legal Issues
A fact sheet was distributed to all Member Boards which outlined some of the potential statutory/regulatory changes Member Boards may need to make in order to accommodate the use of CAT for licensure testing. Accompanying the fact sheet was a copy of the legal opinion obtained from the National Council legal counsel regarding CAT as a "written" examination.

Checklist for Legislative Review
The CEIT drafted a checklist of items that boards of nursing need to consider changing in their practice acts and/or regulations prior to CAT implementation. Following review and input by the CAT Implementation Team, the checklist was distributed and discussed during Area Meetings. The checklist will be distributed to all Member Boards in July 1992. Also, possible changes due to CAT implementation are being studied for incorporation into the *Model Nurse Practice Act* and *Model Nursing Administrative Rules.*

CAT Legal Issues
The CEIT notified Member Boards that the National Council will provide a free copy of its publication, *Collected Works on the Legal Aspects of Computerized Adaptive Testing,* to any state attorney general or testing director who requests one.

Speaking Engagements
Since the Delegate Assembly decided to implement CAT, the National Council has been contacted regarding speaking engagements about CAT and NCLEX. The CEIT developed speaking engagement guidelines consistent with National Council's existing policy. Speaking engagements have been accepted according to this policy, including Faculty Development '92; Texas Association of Vocational Nurse Educators; Massachusetts Board of Nursing; Bayou Council of Vocational Nurse Educators; and Program Directors Meetings in all CAT-PN field test states. Between January and May 1992, a total of 22 presentations have been given to various groups representing both RNs and PNs.

Exhibiting
A backdrop and table-top display were acquired so that the National Council could exhibit CAT information at various nursing conventions. The National Council exhibited at meetings of: Sigma Theta Tau (November 1991); American Association of Colleges of Nursing (March 1992); National Student Nurses' Association (April 1992); National Association of Practical Nurse Educators (May 1992); and American Nurses' Association (June 1992). The CAT software was available for "hands-on" demonstrations at the exhibit booth. Exhibiting also provided the opportunity to distribute CAT-related materials and answer questions via face-to-face communication.

Prepared Speeches
In assisting Member Boards to present about CAT, as well as to provide a standard set of CAT information being disseminated, the CEIT developed a prepared speech for Member Boards. A copy of the speech and a set of accompanying overheads was supplied to each Member Board in June 1992, and slides are available "on loan" from the National Council. The CEIT developed a feedback form to be completed after each CAT presentation. The feedback will assist the CEIT to identify which audiences are being reached and identify the strengths and weaknesses in the prepared speeches. Prepared speeches will be updated as more information is made available.

NCLEX-CAT Video
A general information video about NCLEX-CAT was produced and distributed to Member Boards in June 1992. The video provides a basic definition of CAT and an overview of CAT's advantages. The video can be used as a stand-alone information piece or as a supplement to the prepared speeches. A single copy of the video is available to Member Boards without charge, and multiple copies for Member Boards and others are available through the National Council for purchase.

CAT Question & Answer Reference Guide

In order to assist Member Boards in conveying accurate information about CAT, the CEIT has organized a "master list" of CAT questions and answers. Copies of this guide were distributed to all Member Boards in March 1992, and are intended for internal board use only since the guide will be updated periodically as more information is made available.

Area Meetings

Area Meetings provided an opportunity for the CEIT to showcase many of the educational and informational items prepared for use by Member Boards, such as *CAT Question and Answer Reference Guide*, general CAT brochures, and the Member Board Checklist for Legislative Review.

Future Directions

The CEIT continues its work on developing regional workshops for late 1992 and early 1993. Evaluation of the various communication efforts occurs at each meeting and revisions to the three-year action plan are made as needed. Attachment A contains the most up-to-date outline of the CAT educational and informational communications planned for the next two years.

Members

Charlie Dickson, AL, Area III, *Chair*
Donna Dorsey, MD, Area IV
Faith Fields, AR, Area III
Julie Campbell-Warnock, CA-RN, Area I

Board Liaison

Marcella McKay

Staff

Barbara Halsey, *CAT Project Manager*
Kerry Nowicki, *Publications Manager*

Attachment A

CAT Education Information Team

ACTION PLAN

As developed at its September 24-26, 1991, meeting.
Updated May 12, 1992

YEAR 1 (1991-92)	YEAR 2 (1992-93)	YEAR 3 (1993-94)
General CAT brochure	Update and continue	Update and continue
Fact sheets	Revise and continue *(legislators, other govt. agencies)*	Revise and continue
Legal resource sheet, written resource		
Legislative/regulatory assistance	Continue	Continue
General CAT video *(all audiences)*	Continue	Continue
Exhibiting Sigma Theta Tau, November 1991 NLN, December 1991 AONE, May 1992 ANA, June 1992	Continue NLN NSNA AONE NAPNES NFLPN AACN NOADNE CLEAR Sigma Theta Tau Council of Baccalearuate and Higher Degree Nurses Council of Diploma Nurses Council on Practical Nursing	Continue
Prepared speeches for Member Boards	Update and continue	Update and continue
Q & A Reference Guide	Update and continue	Update and continue
Presentations, including by request Area Meetings ANA AERA	Continue Area Meetings AONE AACN NLN	Continue Area Meetings Citizens Advocacy
Advertise CAT materials	Continue	Continue

YEAR 1 (1991-92)	YEAR 2 (1992-93)	YEAR 3 (1993-94)
Article development/submission *Nursing & Health Care* *Resource Applications* *Journal of Practical Nursing* *American Nurse* *Nurse Educator* *Journal of Professional Nursing*	Continue	Continue *American Nurse*
Book of Reports	Continue	Continue
Portable Display Unit	Continue	Continue
CAT Communiqués (4)	Continue (6)	Continue
Evaluation/feedback forms	Continue	Continue
Workshop support materials	Continue	
	Regional workshops	
	Issues, CAT focus	Continue
	Student specific video	Continue
	Student specific brochure	Continue
		The NCLEX Process II
	Demonstration disk	Continue
		Newsreleases Feature stories TV news Letters to editor

Report of the Computerized Adaptive Testing Implementation Team (CIT)

Introduction

Following the 1991 Delegate Assembly approval to implement computerized adaptive testing (CAT) for future National Council licensure examinations, the Board of Directors appointed the Computerized Adaptive Testing Implementation Team (CIT). The CIT provides a Member Board perspective on CAT implementation and issues. The Board of Directors charged the CIT with the following responsibilities:

1. Plan, coordinate, and monitor activities to enable Member Boards to implement CAT testing in their individual jurisdictions.

2. Identify and focus on resolving questions related to implementation in such a way that no jurisdiction is disadvantaged or compromised in the process.

3. Work closely with staff and other CAT teams, with specific focus on providing direction for the comprehensive plans for components of the implementation. This includes providing input into the beta test design, providing coordination between test services and Member Boards, designing mechanisms for providing Member Board support throughout the transition to CAT, designing and implementing a complaint resolution process for boards, and developing jurisdiction-specific timelines for implementation.

The CIT met on March 23 and 24, 1992, and plans to meet four times annually after vendor selection, throughout the transition to CAT and initial stages of implementation.

Member Board Checklist for Legislative Review

The CIT provided input on the Member Board Checklist for Legislative Review which was drafted by the CAT Education Information Team to assist Member Boards in reviewing or revising statutes or regulations potentially affected by computerized adaptive testing. This input was incorporated into a draft which was presented at Area Meetings for additional review. Input from the Area Meetings was incorporated and the checklist will be mailed to all Member Boards for use.

CAT Vendor Proposals

The CIT reviewed proposals and responses to clarifying questions from the top three vendors for computerized adaptive testing services, and provided input to the Negotiating Team regarding beta testing, security, item development and research, data center functioning, and testing centers.

Member Board Contracts

The CIT reviewed a draft of the new Member Board contract (to be implemented for CAT administration) and made suggestions for clarifications and additions to the Board of Directors.

Future Directions

Over the coming year, the CIT will be monitoring and directing efforts in the following areas of the CAT transition (as defined in the CAT Master Plan): Vendor and Committee Transition, Member Board Support, and Implementation Follow-Up.

Committee Members

Renatta Loquist, SC, Area III, *Chair*
Susan Boone, OH, Area II
Shirley Brekken, MN, Area II
Betty Clark, ME, Area IV
Teofila Cruz, Guam, Area I
Carolyn Hutcherson, GA-RN, Area III
Judi Mayer, MD, Area IV
Carol McGuire, KY, Area III
Catherine Puri, CA-RN, Area I

Board Liaison

Marcella McKay

Staff

Barbara Halsey, *CAT Project Manager*
Anthony Zara, *Director of Testing Services*

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NCLEX TEST SERVICE REPORT

Annual Report of the NCLEX Test Service 1991-1992

Introduction

This report provides a summary of CTB Macmillan/McGraw-Hill's activities with the National Council Licensure Examinations (NCLEX) from July 1, 1991, through June 30, 1992. During this time, the NCLEX project staff members have provided support for the following major phases of the NCLEX program:

Examination Development

- continued development of valid and reliable Registered Nursing (RN) and Practical (Vocational) Nursing (PN) tests that accurately measure entry-level proficiency in the RN and PN professions
- development of test items that measure the performance of the job-related nursing skills identified in the RN and PN test plans
- placement of 252 additional tryout items in NCLEX-PN 492 as PN-Computerized Adaptive Testing (CAT) tryouts
- placement of 360 additional tryout items in NCLEX-PN 092 as PN-CAT tryouts
- continued monitoring of the RN and PN item pools to determine pool deficiencies and direct item development at targeted test plan areas and difficulty levels
- coordination of a mail-in item-writing project to develop RN items for use as additional CAT field test items in NCLEX-RN 293
- content/editorial revision and revalidation of items that are over four years old for use as additional CAT tryout items in NCLEX-RN 293 and NCLEX-PN 493
- placement of Bias Sensitivity Review Panel (BSRP) revised items as research tryout items in NCLEX-PN 492, NCLEX-RN 792, along with matched research control items
- preparation of quarterly and yearly item pool tallies according to specifications requested by the National Council
- preparation of yearly RN and PN item pool text and statistics tapes
- updating of the CSAR item bank to reflect the new statistical parameters and development of item pool tallies according to the 17 subcategories of client needs
- planning and implementation of modifications to the CSAR database including the addition of BSRP recommendations for items and the Mantel-Haenszel statistic; extensive quality control procedures performed to ensure the accuracy of these modifications
- coordination and facilitation of the BSRP; revision of the BSRP procedural manual; incorporation of information provided by the BSRP into item development
- review of items for characteristics that result in appropriate difficulty levels; incorporation of difficulty level information into additional item writer training

- continued implementation of operational definitions for the NCLEX-RN and -PN test plans (for Examination Committee and CTB staff use)
- preparation of criteria for rewriting items from case to individual format (for Examination Committee review)
- revision of CTB's RN and PN item-writing procedures manuals
- addition of approximately 30 reference books and texts to the CTB NCLEX nursing library to ensure currency of validation material

Examination Administration, Scoring, and Reporting

- reporting of examination results and Jurisdiction Summary Reports ("Green Sheets") in a timely manner
- continued work with the Administration of Examination Committee and National Council staff to monitor all shipping and security procedures
- support to Member Boards in tracking the arrival of examination booklets
- updating of the Candidate Information Brochure to include information about the Americans with Disabilities Act (ADA) and deadlines for arranging for examination modifications; preparation and distribution of brochure inserts with ADA information printed in spring 1992
- distribution of the new scoring brochure, beginning with the NCLEX-PN 091 examination

Research and Technical Support

- technical support in all areas of research, including the monitoring of examination statistics, passing standards, and the performance of special research studies requested by the National Council and its committees
- provision of a quarterly review of literature related to testing and measurement, published in the NCLEX Quarterly Reports
- implementation of new techniques to detect possible ethnic or gender bias in test items and refinement of existing statistical procedures for implementation with small ethnic groups
- provision of information to aid in the design of the Computerized Adaptive Testing field test
- contribution to the development of policies and procedures for the Bias Sensitivity Review Panel

Examination Development

Item Writing

A major focus of the CTB test development staff has been the coordination, training, and support of item writers in the development of NCLEX test items. This year, that focus has become increasingly important in anticipation of the changeover to computerized adaptive testing. Additional item development efforts have been initiated to substantially increase the item pool. These efforts include additional item-writing sessions and a mail-in item-writing program, as well as revision and revalidation of over-four-year-old items that met difficulty-level criteria.

Because of the complex item pool needs for CAT, item development plans had to become increasingly specific in regard to difficulty level, test plan coverage, and general nursing content coverage. Additional training was developed to assist item writers in targeting item difficulty. Recycling items that already demonstrated a particular difficulty within desired test plan and content areas was another strategy used to meet the highly specific CAT item pool requirements. Additional monitoring of the content of the pool has been required in order to reduce the extent of duplication in item writing and to ensure content coverage for the CAT item pool.

Item Writing-Conferences
Two RN Item-Writing Conferences, one RN-CAT Item-Writing Conference, one PN Item-Writing Conference, and one PN-CAT Item-Writing Conference, were held during the past year. Participants were sent pre-conference exercises, provided as an introduction to CTB's item development process. These exercises were rated by CTB content staff and the ratings were shared with the Examination Committee.

RN Item Writing
A RN Item-Writing Conference was held July 8-12, 1991, in Monterey, California. Sixteen writers selected by the National Council were invited to participate. These writers represented California, Idaho, Massachusetts, Minnesota, Missouri, Mississippi, New Hampshire, New York, Pennsylvania, South Carolina, Texas, and Wisconsin. Three hundred thirteen items were created by the item writers and then reviewed by CTB nursing consultants and editing staff. Thirty-six items from the NCLEX-RN 291 tryouts with unacceptable statistics were revised at the session.

A second RN Item-Writing Conference was held January 13-17, 1992, in Monterey, California. The sixteen writers selected by the National Council represented Arkansas, California, Georgia, Illinois, Missouri, Nebraska, New Jersey, Pennsylvania, Tennessee, Washington, and Wisconsin. A total of 384 items were written.

A third RN Item-Writing Conference was held June 1-5, 1992, in Monterey, California, to develop items for RN-CAT. The twenty-two writers selected by the National Council represented Alabama, Georgia, Illinois, Iowa, Missouri, Nebraska, Oklahoma, Pennsylvania, Texas, and Virginia. The total number of items written will be presented in next year's Annual Report.

Writers have been selected for the July 9-13, 1992, RN Item-Writing Conference, which will be held in Monterey, California. Information about this conference will be provided in the 1992-1993 Annual Report.

RN Mail-In Item Writing
Mail-in test items were solicited from item writers to obtain additional RN-CAT items for use as NCLEX-RN 293 tryouts. Twelve writers who had previously attended item-writing sessions and were recommended for return participated as mail-in writers. These writers developed 170 items.

RN Recycled Items
Approximately 752 RN items representing desired test plan areas and difficulty ranges from the over-four-year-old item pool were reviewed and revised by CTB content and editorial staff. The items were revalidated in current texts and journals. They were then reviewed at the March 2-7, 1992, Panel of Content Experts Session. These items were developed as additional CAT tryouts for NCLEX-RN 293.

PN Item Writing
A PN Item-Writing Conference was held August 19-23, 1991, in Monterey, California. The 14 participants selected by the National Council represented Alaska, Arkansas, California, Colorado, Michigan, Missouri, Oklahoma, Pennsylvania, Tennessee, Washington, West and Virginia. A total of 299 items were written and 21 items with unacceptable statistics from the NCLEX-PN 491 tryouts were revised.

A PN-CAT Item-Writing Conference was held February 24-28, 1992, in Monterey, California. Fifteen writers participated in developing PN-CAT items. The writers represented Alabama, Georgia, Illinois, New Mexico, New York, North Carolina, North Dakota, Oregon, Pennsylvania, and South Carolina. During this session, 237 items were written for possible inclusion as CAT items.

The total number of items written at the May 20-21, 1991, PN-CAT Item-Writing Conference was 252. This figure was not available in time for last year's Annual Report.

PN Recycled Item Writing
Approximately 158 PN items representing desired test plan areas and difficulty ranges from the over-four-year-old item pool were reviewed and revised by CTB content and editorial staff and revalidated in current texts and journals. These items were then reviewed at the May 18-22, 1992, Panel of Content Experts Session. These items were developed as additional CAT tryouts for NCLEX-PN 493.

Panel of Content Experts

Six Panel of Content Experts Conferences were coordinated during the past year. Two of those conferences were RN, one was a RN-CAT, one was a PN, and two were PN-CAT. At the conferences, items were reviewed to ensure existence of one and only one correct response (documented in two standard nursing textbooks or one textbook and one approved journal), to ensure that the content represents current entry-level practice, and to address any regional or nurse practice act issues.

RN Panel of Content Experts
A Panel of Content Experts Conference was held September 23-27, 1992, in Monterey, California, for the review of NCLEX-RN test items. The 15 participants selected by the National Council represented Alabama, California, Colorado, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Texas, and Washington. A total of 313 newly written items were reviewed as well as 36 revised items from NCLEX-RN 291 unusable tryouts. Ten items were deleted during the review, and 339 were accepted for inclusion in the pool.

A RN-CAT Panel of Content Experts Conference convened in Monterey, California, March 2-7, 1992. The 20 participants selected to participate by the National Council represented Alabama, Connecticut, Colorado, Georgia, Illinois, Kentucky, Minnesota, New Hampshire, North Carolina, Pennsylvania, Oklahoma, Oregon, South Carolina, Tennessee, Texas, and Washington. During this session, 750 recycled items and mail-in items were reviewed; 68 items were deleted during review, and 682 were accepted for inclusion in the pool.

A second RN Panel of Content Experts Conference convened March 16-20, 1992, in Monterey, California. The 16 participants selected to participate by the National Council represented California, Colorado, Idaho, Kentucky, Louisiana, Maryland, Minnesota, New Mexico, North Carolina, North Dakota, Oklahoma, South Dakota, and Vermont. During this session, 382 newly written items were reviewed; 17 items were deleted during review, and 365 were accepted for inclusion in the pool.

PN Panel of Content Experts
A Panel of Content Experts Conference was held September 9-13, 1991, in Monterey, California, for the review of NCLEX-PN-CAT test items. The 15 participants selected by the National Council represented Arkansas, Hawaii, Idaho, Iowa, Kentucky, Maryland, North Carolina, North Dakota, Ohio, Pennsylvania, South Carolina, South Dakota, Washington, and Wisconsin. A total of 243 items were reviewed. Ten items were deleted and 233 items were approved for future use as experimental items. In addition, 177 RN items that were selected for possible inclusion in the PN pool were reviewed; of these, 23 were deleted and 154 were accepted as being representative of PN entry-level practice. These items were coded to the PN Test Plan and were validated according to PN validation procedures.

A Panel of Content Experts Conference was held November 18-22, 1991, for the review of PN items. The 15 participants represented Colorado, Connecticut, Idaho, Louisiana, Massachusetts, Nevada, New York, North Carolina, Pennsylvania, South Carolina, South Dakota, Texas, and Washington. The panel reviewed 295 newly created items and 20 revised items from the NCLEX-PN 491 unusable tryouts. During review, 22 items were referred to the RN pool, 7 were deleted from the RN pool, and 286 were accepted for inclusion in the PN pool.

A second PN-CAT Panel of Content Experts Conference was held May 18-22, 1992, in Monterey, California. The 15 participants selected by the National Council represented Alabama, Arkansas, Georgia, Louisiana, Michigan, Missouri, Minnesota, New Jersey, North Carolina, Pennsylvania, and Tennessee. A total of 237 newly written items were reviewed. Additionally, 158 recycled items targeted by b-value were reviewed. The total number of items accepted for inclusion in the pool and the total number of items deleted during this review session will be presented in the next Annual Report.

BSRP Sensitivity Review Panel

CTB coordinates the meeting of the Bias Sensitivity Review Panel (BSRP) at CTB headquarters in Monterey, California, four times per year. Panel members represent the four largest minority ethnic groups taking the examination. A linguist also serves on the panel.

The BSRP provides the judgmental process that complements the statistical procedures which detect potential bias in NCLEX test items. During sessions, the panel members review selected items for facial bias and culturally bound material. A summary of the items reviewed was sent to the National Council after each session. Items identified by the panel as requiring revision were reviewed at the following Examination Committee Meeting.

The BSRP meetings took place August 12-14, 1991; October 28-30, 1991; February 10-12, 1992; and May 4-6, 1992. The February meeting was the final meeting for the first BSRP panel. All panel members served a full two-year term. Each panel member was presented with a certificate of appreciation from the National Council at a farewell luncheon.

The newly appointed BSRP panel members participated in their first session in May. The new panel received ten and one-half hours of orientation and training, including exercises and practice items. A newly designed and updated BSRP Orientation Manual was used with the new panel.

Continuing Education Credits

Both item writers and Panel of Content Experts members were awarded 41.4 contact hours of Continuing Education credit for their participation in those conferences.

Member Board Review of Experimental Items

CTB staff completed a review of information provided by Member Boards in their 1991-1992 review of experimental items. Eight hundred forty-five experimental PN items were available for Member Board review during the late summer/early fall review period. A total of 11 Member Boards participated in this review. Items identified as inconsistent with entry-level practice were submitted to the PN Panel of Content Experts, which met in December 1991. The items designated as inconsistent with a state Nurse Practice Act were submitted with documentation to the National Council for final review in September 1991, and were reviewed by the Examination Committee at its October 9-11, 1991, meeting.

Eight hundred sixty-four RN items were available for Member Board review during the winter review period. A total of nine Member Boards participated in this review. Items designated as inconsistent with entry-level practice were submitted to the RN Panel of Content Experts in March 1992. The items designated as inconsistent with a state Nurse Practice Act were submitted with documentation to the National Council in March 1992, and were reviewed by the Examination Committee at its March 30-April 2, 1992, meeting.

CTB continues to closely monitor the security and packaging procedures for review drafts. Feedback from Member Boards indicated that refined review draft packaging methods have greatly facilitated inventorying procedures.

Item Bank Assessment

CTB completed its annual assessment and update of the RN item pool in November 1991, and completed the PN item pool update in December 1991. A tally of items in the pool, according to difficulty and discrimination indices, was provided to the National Council. Tallies also reflected revised specifications from the National Council — new tallies included Item Response Theory (IRT) difficulty statistics.

The tallies were sent to the National Council in December 1991. A computer tape of the statistics of all usable items and a tape of the corresponding item text were also provided.

Revised Item Pool Tallies

CTB completed programming modifications to enhance the item pool tally reports that are provided to the National Council. The enhanced reports which provide information about the 17 subcategories of client need, facilitate the ability to direct item development at targeted test plan areas and difficulty levels.

These reports are now provided to the National Council on a quarterly basis, after each examination administration.

Examination Construction

The two registered nursing examinations (NCLEX-RN 792 and NCLEX-RN 293) and the two practical nursing examinations (NCLEX-PN 492 and NCLEX-PN 092) were developed according to the RN and PN test plans approved by the Delegate Assembly, and the test construction guidelines established by the Examination Committee. The examinations were constructed to be equivalent to previous forms of RN and PN examinations from both a content and a statistical perspective. They were reviewed by CTB's nursing consultant staff, editorial staff, research staff, and the Examination Committee to ensure that all items met the established criteria.

Examination Committee Meetings

The Examination Committee met in Monterey, California, on October 5-8, 1991; December 9-11, 1991; March 30-April 3, 1992; and June 15-19, 1992. At these meetings, CTB staff worked in cooperation with committee members to review all NCLEX and CAT examination materials and to discuss related issues.

CTB Test Development staff provided information as requested and provided summary reports on all committee-related activities. CTB Technical Coordinators presented research reports analyzing results of the two RN examinations and the two PN examinations. In addition, Person-Fit reports, Ethnicity/Gender reports, and results of various research studies were presented. Additional research studies that were completed and presented in 1991-1992 are described in the Research and Technical Support section of this report. Test development activities presented to the Examination Committee are described in the test development section.

Staffing Changes

CTB made a number of changes to the project management staff assigned to the NCLEX program. The new project team focuses resources in support of expanding services, including additional CAT item development efforts. Sally Gensberg was appointed to the position of NCLEX Program Director, and she now serves as the overall manager of all NCLEX services for the National Council. Andrea Kingman oversees all NCLEX operations as Testing Services Manager. Rachel Holz, NCLEX Test Development Manager, has taken on the increased project management responsibilities associated with increased item development for CAT. The reorganization of the NCLEX staff has been designed to improve resource allocations and communications in response to the evolution of NCLEX research and development needs.

Examination Administration, Scoring, and Reporting

Examination Administration

Two RN and two PN examinations were administered during the past year. The NCLEX-RN 791 examination was administered to 76,649 candidates. The NCLEX-RN 292 examination was administered to 42,203 candidates. The NCLEX-PN 491 examination was administered to 24,844 candidates. The NCLEX-PN 091 examination was administered to 39,899 candidates. Information regarding NCLEX-PN 492 was not available when this report was prepared and will be reported in the 1992-1993 Annual Report.

Examination Materials Retrieval/Scoring

All examination materials were collected and accounted for under secure conditions. Candidate information, test materials, and late applications were checked by the CTB scoring staff and the Data Center staff for completeness and accuracy, and test materials were scanned.

The passing scores were set in cooperation with the National Council according to the established standard of entry-level competence, and all score reports were shipped on or before the scheduled date.

CTB staff continue to provide the service of automatically handscoring all examinations within a particular range of the passing score. Approximately 1,039 booklets were handscored during the verification process for NCLEX- PN 491 (this figure was not available for the 1990-1991 Annual Report); 1,936 booklets were handscored for NCLEX-RN 791; 1,581 were handscored for NCLEX-PN 091; and 1,554 were handscored for NCLEX-RN 292. At the time this report was written, information regarding the number of examination booklets verified for NCLEX- PN 492 was not available. This information will be included in the 1992-1993 Annual Report.

CTB reviewed booklets for other abnormal candidate markings and omitted responses, updated candidate information that was in error, and provided a scoring tracking record to each Member Board to summarize key dates in the scoring cycle and summarize details of incomplete, duplicate, or inaccurate candidate data.

Handscoring

CTB responded to 107 handscoring requests from candidates for the NCLEX-RN 291, which represents a 70 percent decrease from the previous year; and responded to 39 requests for the NCLEX-PN 491, which is the same number of requests as the previous year. (These figures were not available for the 1990-1991 Annual Report.) Two hundred and thirty-three handscoring requests were received for the NCLEX-RN 791 examination, which represents a 12 percent decrease from the previous year, and 32 handscoring requests were received for the NCLEX-PN 091 examination, which is a 40 percent decrease from the previous year. At the time this report was written, 20 handscoring requests had been received (to date) for NCLEX-RN 292, and no requests had been received for NCLEX-PN 492.

No scoring errors were revealed as a result of the handscoring process. All scores remained as originally reported.

Candidate Information Brochures

Effective with the NCLEX-PN 091 examination, the 1991-1992 revised generic Candidate Information Brochures were included with candidate applications. CTB staff worked in cooperation with the Administration of Examination Committee to ensure that the new brochures addressed the needs of the candidates and Member Boards.

The committee also updated the Candidate Information Brochure to include information about the Americans with Disabilities Act. CTB printed 173,000 inserts for the Candidate Information Brochure informing candidates of the new Americans with Disabilities Act deadlines for arranging examination modifications. Inserts were collated into brochures for the spring 1992 shipment. The brochures for the fall 1992 shipment will be reprinted with this information.

Brochures for the NCLEX-PN 092 and NCLEX-RN 293 examination administrations were distributed to Member Boards in April 1992. Brochures for the NCLEX-PN 493 and NCLEX-RN 793 examination administrations will be distributed to Member Boards in September 1992.

New Scoring Brochure

CTB developed a new scoring brochure that was distributed with the NCLEX-PN 091 exam. This brochure was distributed to candidates at the test site, after they completed the NCLEX examination. The brochure describes what happens to the test booklets after they leave the test site, and explains the steps taken to ensure accuracy during scoring. Brochures were field tested by nursing students at a nursing school in Monterey, California, to ensure clarity.

Operational Issues

The following operational issues have been addressed:

Quality Assurance Program

CTB staff participated in off-site quality control meetings in August 1991 and June 1992 to review the entire NCLEX work flow process. Thirty-two staff members from the various departments involved with the NCLEX program were invited to the day-long sessions. These meetings served as a vehicle to communicate ideas between departments, improve procedures, and discuss project issues from a broad perspective. The meetings' agenda covered current operational procedures and documentation, as well as suggestions for improvement. Topics of discussion included project milestones and timelines, training needs, availability of statistics for the Bias Sensitivity Review Panel, scoring issues, project documentation procedures, the manufacturing of test books and ancillary materials, and inter-departmental communication. The format for the NCLEX Quarterly Report was also examined. Minutes from both meetings were prepared and distributed to all staff members involved.

Modifications to procedures discussed in the meeting were documented and distributed in The NCLEX Process, CTB's internal document for project procedure details and comprehensive documentation. The NCLEX Process is updated on a quarterly basis, with input from all departments involved in the project. The binder is reviewed by all staff who work on the NCLEX.

Conversion to MVS

In the latter part of 1991, CTB made a company-wide change in computer operating systems. The new operating system, MVS, is an IBM operating system that is more powerful than its predecessor. The new system was operational within two years' time. The conversion process was a comprehensive effort involving long hours for many staff members.

Currently, MVS makes it possible to work more effectively, improving on quality by eliminating manual steps in data processing. In the future, MVS will allow for continual growth and implementation of new technology.

Programming Modifications to Individual Candidate Reports

CTB revised the Individual Candidate Reports to print with a 10 percent screened background, effective with the NCLEX- RN 292 examination. The screened background is a precautionary measure designed to deter candidates from altering their pass/fail results. Implementation of this new format involved a one-time programming fee.

Characteristic Storage and Retrieval (CSAR) Modifications

Modifications to the CSAR database were planned and implemented. These modifications provided for the addition to CSAR of the Mantel-Haenszel statistic and BSRP item recommendations. Extensive quality control procedures were performed following the modifications to their ensure accuracy.

Research and Technical Support

The research staff continues to provide the National Council with the information needed to monitor the technical performance of each examination. Technical reports have been submitted to the National Council for the NCLEX-PN 491, NCLEX-RN 791, NCLEX-PN 091, NCLEX-RN 292, and NCLEX-RN 492 examination administrations. In each technical report, CTB test development and research staff have provided a detailed description of the development activities and analyses carried out for each examination. Tables of historical statistics were also included in those reports.

Other Research Activities

- CTB continues to publish a review of literature regarding pertinent measurement issues in CTB's Quarterly Report to the National Council.

- A design for the replication of the RN Item Classification Study was submitted to the National Council in July 1991.

- The CTB Test Development Manager prepared a report postulating reasons for the recent increase in distractor point-biserials.

- A report describing the possibility of PN examination statistics being affected by RN students who take the PN examination was submitted to the National Council and forwarded to the Examination Committee.

- CTB conducted additional research, as requested by the Examination Committee, regarding items having a positive distractor point-biserial, and sent a report to the National Council in November.

- CTB completed cheating analyses for the Arizona, Washington, Kansas, and Florida jurisdictions for the NCLEX-RN 791 examination. The reports were sent to the jurisdictions in August 1991. CTB also conducted a cheating analysis for the Oregon jurisdiction for the NCLEX-PN 091 examination and the results were reported in November 1991.

- CTB staff coordinated and participated in an RN Standard Setting Session on January 27-29, 1992. Nine judges recommended a new passing score for NCLEX-RN 792 at this session. The appointed judges represented Alabama, Arizona, California, New Jersey, Pennsylvania, South Dakota, Tennessee, Texas, and Wisconsin. Attending from the National Council was the Project Director for Computerized Clinical Simulation Testing. A report on the NCLEX-RN 792 standard setting was presented to the National Council in February 1992. The new standard is a Board modification of the standard set in July 1988.

- Six NCLEX staff members from CTB attended the American Educational Research Association (AERA)/ National Council on Measurement and Education (NCME) Conference in San Francisco on April 20-24, 1992. CTB research staff presented two papers at the conference: Dimensionality and DIF in a Licensure Examination and Assessing the Impact of Multidimensionality on the Classification Decisions of an IRT-based Licensure Examination.

Annual CTB - National Council Research Meetings

CTB continues to work with the National Council to discuss the results of current research studies and to identify future research directions for the NCLEX examinations. To this end, CTB research staff met with National Council staff in Bloomingdale, Illinois, on October 7, 1991, to develop a schedule of research studies.

On April 20, 1992, CTB research staff met with the National Council staff in San Francisco, California, during the 1992 Annual Meeting of the American Educational Research Association to discuss the results of the research studies completed at that time and to consider possible issues that would merit investigation in the future.

Future research projects were listed and prioritized at both meetings. Item difficulty and item development targeting, and the possible effects on item statistics resulting from restricted variability of candidate ability distributions were given high priority.

Research Studies

The CTB research staff has conducted the following research studies during the past year:

Person-Fit Analyses

Person-fit analyses are studies conducted to assess whether or not there is any evidence suggesting that candidates have had prior access to items which appeared in previously administered examinations. Such analyses were conducted on NCLEX-RN 791 and NCLEX-PN 091. Reports summarizing these analyses and the obtained results were submitted to the National Council in October 1991 and January 1992.

To enhance person-fit analyses, CTB research staff conducted research comparing the W2 statistic with the presently used person-fit statistic (W1) which is currently used in these analyses. The two person-fit statistics are sensitive to different kinds of items. The old statistic (W1) is influenced by very difficult and very easy items, while the new W2 statistic is more sensitive to items of average difficulty. A report on the use of the W1 versus the W2 statistic in person-fit analysis was presented to the Examination Committee in October.

Ethnicity/Gender Bias Analysis

Ethnicity/gender bias analyses were conducted on NCLEX-PN 491, NCLEX-RN 791, NCLEX-PN 091, and NCLEX-RN 291. Reports summarizing these analyses and the obtained results were submitted to the National Council after each examination administration.

CTB has been able to extend its analyses to minority groups with small candidate populations that have not been previously investigated. This is a result of analyses conducted last year on the effects on the Mantel-Haenszel alpha statistic of reducing the cell size minimum for bias analyses of RN and PN examinations.

RN Dimensionality Analyses*

CTB completed follow-up studies for the final phase of dimensionality research for the NCLEX-RN examination. The first of these phases was an exploration and characterization of the second dimension underlying RN test performance. The second phase involved assessing the impact of the second dimension on pass-fail classifications. The final report was submitted to the National Council in March 1992.

PN Dimensionality Study*

CTB completed a study that examined the dimensionality of the PN examinations and the practical implications associated with that dimensionality. A report was sent to the National Council in March and presented at the March Examination Committee meeting.

Context Effect Study*

A study was conducted to investigate whether or not the rewriting of case-bound items into individual items had any significant effects on item performance in the NCLEX-RN and -PN examinations. For the RN study, with the possible exception of items in the "psychosocial integrity" client need category, there was no indication that the rewriting from multiple item cases to single item cases has significant effect on the examination results. The PN study results were less conclusive than those for the RN. Additional studies will help determine whether effects are present for PN items. A report was submitted to the National Council in March.

RN and PN Scale Drift Studies*

CTB completed a study that investigated the nature of drift (changes in the scale) underlying the RN examinations to determine if a factor was needed to correct item parameters for this drift. The results were presented in a report to the National Council in January. A similar study for the PN examinations was completed and the results were presented to the National Council in May.

* *These studies were performed at no extra charge to the National Council, using hours contributed by CTB for special research projects.*

Item Scrolling Study
CTB conducted an item scrolling study to determine the number of NCLEX items that would exceed the maximum CAT screen scrolling requirements. The database included PN items from 087 through 090 and RN items from 288 through 291. Case items were identified as to whether the situation, stem, or answer choices exceeded the maximum length; individual items were identified when the stem or answer choices exceeded the maximum length. The last administration date for each item that exceeded the maximum count was also provided.

Communications

National Council/CTB Communication Services

CTB has instituted the following programs and services in the area of communication with Member Boards, educators, and related consumer groups:

24-Hour Emergency Telephone Service
CTB continues to provide an emergency telephone number so that Member Boards may reach CTB personnel 24 hours per day. When the National Council and CTB are closed, Member Boards can reach the CTB Security Department who will then contact the appropriate NCLEX personnel at home.

Direct Toll-Free Access to NCLEX Staff and Conference Information
In May 1992, CTB instituted a new 24-hour toll-free telephone number specifically for NCLEX. The number provides recorded information about NCLEX Summary Profiles and NCLEX Conferences, and access to key NCLEX staff members. The new telephone number is 1-800-CTB-NCLX or 1-800-282-6259.

NCLEX News & Notes
CTB editorial staff produced and distributed the spring 1991, winter 1991, and summer 1992 editions of *NCLEX News & Notes*, a newsletter for Member Boards and educators.

Reports
CTB staff produced four quarterly reports and one annual report.

NCLEX Invitational Conferences
CTB presented the Third NCLEX Regional Invitational Conference on April 22-23, 1992, in New Orleans, Louisiana. Five staff members from CTB, as well as the National Council's Executive Director and Project Director of Computerized Clinical Simulation Testing, were present at the conference. Over 140 educators and Member Board staff attended the two-day conference. The conference included an overview of test development, administration, scoring and reporting, the application process, research, and the NCLEX Summary Profiles. A workshop for educators was given by CTB staff on the principles of item writing. A presentation of Computerized Clinical Simulation Testing (CST) and Computerized Adaptive Testing was given by the National Council's CST Project Director. Conference participants were given an opportunity for hands-on experience with CST.

Pre-conference planning began during the first week of February; approximately 1,000 announcements were sent to all Member Boards, to various consumer groups, and to registered and practical nursing programs in Georgia, Louisiana, North Carolina, South Carolina, Oklahoma, Texas, Virginia, Arkansas, Florida, Kentucky, Tennessee, Alabama, and Mississippi. Additionally, a new toll-free telephone number was set up to accommodate inquiries about the conference. CTB collaborated with the Louisiana State Board of Nursing and the Louisiana State Board of Practical Nurse Examiners to coordinate various aspects of the conference.

CTB produced informational material for distribution at the conference. The NCLEX Invitational binder and the *Principles of Item Writing* were both revised. The Invitational binder, which was distributed to all conference attendees, describes the processes of test development, research, scoring and reporting, and the NCLEX Data Center. *The Principles of Item Writing* is an instructional guidebook that was distributed to all participants in the Item-Writing Seminar at the Invitationals. Additional copies of materials were made available for mail-order purchase.

Additionally, CTB provided all conference attendees with continuing education Certificates of Completion for their participation. Conference attendees received 13.8 CEUs for attending the full two-day conference, and 6.9 CEUs for attending one day of the conference. Conference attendees were asked to complete continuing education and CTB program evaluations.

CTB has begun planning the next Regional Invitational Conference which will be held in Albuquerque, New Mexico (Area I). That conference will take place on November 12-13, 1992.

The NCLEX Testing Services Manager submitted an article for publication in National Council's fall edition of *Issues*, describing the NCLEX Regional Invitational Conferences.

Meetings/Conferences

National Council Annual Meeting

The National Council's Thirteenth Annual Meeting was held in Chicago, Illinois, from July 29-August 3, 1991. Nine staff members from CTB attended all Annual Meeting sessions and forums.

CTB's test development and research staff gave presentations at an educational forum on July 30, 1991. This four-hour educational session provided an overview of all NCLEX test development activities. The NCLEX Test Development Manager presented information about the item writing, PCE, BSRP, and test assembly processes. The NCLEX Editing Manager described editing procedures and item processing. CTB's Director of Research Applications discussed NCLEX research and statistical analysis, including such topics as bias research, and the standard-setting process. Evaluations by participants indicated that attendees found the educational forum informative and interesting. CTB hosted a dessert reception at the Hyatt Regency on Tuesday evening, following the Candidates' Forum.

All Annual Meeting attendees were provided with packets containing a description of the CTB and Data Center staff, information about the 1992 Regional Invitationals, a special NCLEX brochure produced specifically for the Annual Meeting, an issue of *NCLEX News & Notes*, and an NCLEX Summary Profiles brochure.

Contract Evaluation

The National Council and CTB staff participated in quarterly conference calls to discuss contract issues on September 30, 1991; December 16, 1991; and June 22, 1992. Topics of discussion included the NCLEX item bank, computerized adaptive testing, research, and other issues related to the contract.

On April 3, 1992, CTB managers met with the National Council Director of Testing Services, and the National Council NCLEX Program Manager for the annual evaluation of CTB's service. Issues and procedures related to various aspects of the contract were discussed.

1991 Fall Planning Retreat

On October 6-8, 1991, seven CTB staff members attended the 1991 Fall Planning Retreat in Bloomingdale, Illinois. During the retreat, CTB staff attended the Examination Committee Meeting and the Administration of the Examination Committee Meeting.

CTB and the National Council testing services staff also held their fall Research Planning Meeting and the annual Three-Year Planning Meeting at the Fall Planning Retreat. During these meetings, the *NCLEX Three-Year Plan* was presented and discussed. Suggestions made at both these planning meetings were incorporated into the final *Three-Year Plan* document, including the final ranking of the NCLEX research agenda for 1992.

Administration of Examination Committee (AEC)

The NCLEX Associate Testing Services Manager attended the Administration of Examination Committee meeting held on October 6-8, 1991, in Bloomingdale, Illinois. At this meeting, she presented information and answered questions about the administration of NCLEX-PN 491 and NCLEX-RN 791.

The Associate Testing Services Manager and the NCLEX Program Director also attended the Administration of Examination Committee meeting held on March 11-12, 1992, in Chicago, Illinois. Information about the administration of NCLEX-PN 091 and NCLEX-RN 292 and issues related to security were discussed at the meeting. During the meeting, the committee updated the Candidate Information Brochure to include information about the Americans with Disabilities Act. Refinements to the questions for English-as-a-Second Language (ESL) Candidates, found on examination booklet covers, were also revised.

At the March meeting, the Associate Testing Services Manager also presented information about reflective paper, a new technology used by CTB on other testing programs. The advantages of using reflective paper are that it erases more thoroughly than Trans-Optic paper and has a higher contrast with the ink, making it easier to read. The AEC approved the use of reflective paper for printing NCLEX examinations, beginning with the NCLEX-RN 792 examination.

1992 Area Meetings

An overview of CTB's current item development activities, Bias Sensitivity Review Panel activities, research studies, NCLEX invitational conferences, the new NCLEX toll-free telephone number, and operational issues was presented by CTB staff at each Area Meeting.

The NCLEX Program Director and the NCLEX National Accounts Manager attended the Area I Meeting in Portland, Oregon, the Area II meeting in Dearborn, Michigan, and the Area III Meeting in Jackson, Mississippi. The NCLEX Program Director and the NCLEX Data Center Manager attended the Area IV Meeting in Lancaster, Pennsylvania.

Overview for New NCLEX Program Director

CTB's Professional Assessment Services Manager and the newly appointed Program Director for NCLEX visited the National Council's offices on March 10 and 11, 1992. During their visit, the National Council's Director of Testing Services, NCLEX Program Manager, Director of Communications, Director of Research Services, Director of Operations, Associate Executive Director, Director for Public Policy, Nursing Practice and Education, and the CST Project Director presented an overview of their areas of work and discussed current issues.

During the visit, CTB presented a new monthly report indicating the use of research hours. The report provides the National Council with the up-to-date information needed for evaluating research hour usage and adjusting the research agenda.

CTB also presented information about the new toll-free NCLEX telephone number that facilitates direct access to NCLEX project staff and services. The number will also provide recorded information for services such as the Summary Profiles and conferences such as the NCLEX Invitationals.

Additionally, CTB discussed ways to combine communication efforts with the National Council. One method discussed was the possibility of discontinuing CTB's *NCLEX News & Notes*, and in its place, providing information to Member Boards and educators regularly in a special section of the National Council's newsletter, *Issues*.

Lastly, CTB discussed the informational needs of Area Meetings and invitational conferences. CTB sent out a survey in June 1992 to get information about the content, frequency, and locations desired by Member Boards for invitational conferences.

Special Workshop on the Americans with Disabilities Act: Compliance Issues for Certification and Licensure Agencies

On April 9, 1992, the CTB Testing Services Manager attended a workshop regarding the new Americans with Disabilities Act. The workshop was sponsored by the National Organization for Competency Assurance and the Council on Licensure Enforcement and Regulation. Four speakers spoke at the workshop. A question and answer period and informal discussion followed.

Following the workshop, the NCLEX Program Director provided information to the National Council's Director of Testing Services regarding services offered by CTB in compliance with the Americans with Disabilities Act. This information was disseminated to Member Boards by the National Council.

Special Requests and Additional Services

In addition to supporting the major phases of the NCLEX program, the CTB project staff members have also responded in a timely and effective manner to all requests from the National Council and its Member Boards for additional services and information. CTB provided the following services at no additional cost:

- responded to five requests from Member Boards for special analysis of suspected cheating
- responded to 17 requests from Member Boards for review of previously administered examinations: eight Member Boards requested a review of NCLEX-PN 090 and nine Member Boards requested a review of NCLEX-RN 791
- provided answer keys for each exam administration to the National Council for Member Board reviews
- provided sample examination materials to a Member Board for review of testing options for a visually impaired candidate
- printed 173,000 inserts for the NCLEX Candidate Information Brochure informing candidates of new deadlines for arranging examination modifications in accordance with the Americans with Disabilities Act; collated inserts into brochures and shipped in late April 1992
- provided cost estimates and timelines for options for providing the NCLEX examinations on audio tape to candidates with disabilities
- produced and distributed the *NCLEX News & Notes*, a newsletter for Member Boards and educators
- revised the NCLEX Bias Sensitivity Review Panel Orientation Manual
- performed a review of the National Council's job analysis survey instrument
- provided information and costs for collecting ESL data from candidates during the NCLEX-PN 091 test administration (The information provided was related to the development, design, and printing of a separate scannable form, the development of a scan program and a program that would incorporate the data onto the GRT, and the development and production of examiner instructions.)
- completed programming for the addition of Mantel-Haenszel statistics and BSRP process codes to the CSAR database
- provided options related to a contract extension for NCLEX paper-and-pencil testing, at the Annual Meeting in August 1991
- provided background data related to the PN-CAT field test states to assist in the sampling design
- prepared information for the Examination Committee regarding the cognitive levels targeted in NCLEX items; reviewed paper-and-pencil examinations and simulated CAT examinations to identify the number of items meeting the criteria for each cognitive level in each examination

The following services were provided to the National Council and its Member Boards at additional cost:

- responded to requests from Member Boards for 139 failure candidate reviews: 27 for NCLEX-RN 291; 17 for NCLEX-PN 491; 54 for NCLEX-RN 791; 14 for NCLEX-PN 091; and 27 (to date) for NCLEX-RN 292
- prepared large print NCLEX examination booklets for testing visually impaired candidates for NCLEX-RN 791, NCLEX-RN 292, and NCLEX-PN 492 examination administrations

- performed special initial handscoring services for candidates with disabilities for two Member Boards
- provided the National Council with diskettes containing text and statistics for the usable PN items that are less than four years old, using hours contributed by CTB for special research projects
- provided results for NCLEX-RN 292 and NCLEX-RN 791, and NCLEX-PN 091 on diskette for two Member Boards
- performed a content analysis in response to an item challenge of NCLEX-RN 791
- revised the Individual Candidate Reports to print with a 10 percent screened background, effective with the NCLEX-RN 292 examination
- prepared the NCLEX-PN 492 tryout item text and statistics on diskette for the National Council
- conducted a study for the Arizona jurisdiction to establish a baseline for their cheating analysis (The baseline data obtained in the study were used to reevaluate the results of the NCLEX-RN 791 Arizona cheating analysis.)

NCLEX Summary Profiles

During the past year, CTB conducted a promotional campaign for the NCLEX Summary Profiles service. As a result, subscriptions to the Summary Profiles continued to increase. In early September, approximately 1,000 non-subscribing PN schools were sent Summary Profiles promotional brochures along with recruitment information for potential item writers and PCE members. In February 1992, a new toll-free number was made available for recorded Summary Profiles information and access to staff (1-800-CTB-NCLX). Information about the NCLEX Summary Profiles was also presented to approximately 140 nursing educators at the April 22-23 Invitational Conference in New Orleans, Louisiana.

The April 1991 Summary Profiles were shipped to 196 practical nursing programs on July 3, 1991.

The July 1991 Summary Profiles were shipped beginning September 26, 1991, to 707 registered nursing programs.

Summary Profiles for the October 1991 PN examination were shipped on January 8, 1992, to 219 practical nursing programs to date. The NCLEX-PN 091 Summary Profiles also included a copy of the *NCLEX News & Notes* and a flyer announcing the April 1992 Invitational Conference in New Orleans, Louisiana.

Summary Profiles for the February 1992 examination began to be shipped on May 5, 1992. The initial shipment was for 692 schools, and late renewals and new orders continue to be received. These profiles included a flyer announcing the November 1992 Regional Invitational in Albuquerque, New Mexico.

Annual Report of the NCLEX Data Center

Introduction

This report provides an overview of CTB Macmillan/McGraw-Hill's activities in the National Council Data Center during the past year and covers NCLEX-RN 791, NCLEX-PN 091, NCLEX-RN 292, AND NCLEX-PN 492. This year, efforts in the NCLEX Data Center have concentrated on implementing the new Program Code Correction Process as well as providing support to all Member Boards.

Applications Processing

The Data Center shipped a total of 325,000 application packets to Member Boards during the fall 1991 and spring 1992 sendout periods. The generic candidate brochures contained an insert to reflect the new Americans with Disabilities Act requirements for disabled candidates. (This information will be printed in the new brochure for fall 1992.) These brochures are now included as part of the application packet.

The four NCLEX examinations covered in this report reflect a total of 194,316 applications processed and represent an increase of 11,484 or 6.28 percent over last year's 182,832 applications. An additional 5,225 applications were returned to candidates for errors, for receipt after the deadline, or for being too early to process.

A summary of applications processed is included on the following page.

Program Code Changes

For any one examination, a maximum of 40 Member Boards sent in program code corrections and/or changes in education or repeat status, for a total of 3,604 candidates. This total is 202 candidates more than the 3,402 total number of candidates for 1991, or an increase of 5.9 percent.

Telephone Communication

The Data Center responded to over 1,421 telephone calls during the year; many of these calls were inquiries regarding candidate application receipt status.

Candidate Code Change/Correction Process

Starting with NCLEX-RN 791, a pre-examination roster was sent to all Member Boards. These rosters list all candidates, by program/school name, in a given jurisdiction, regardless of where the candidates are testing. Member Boards, in turn, send the rosters to each school listed for verification. The pre-examination roster was included in the deliverables package sent to each Member Board, resulting in deliverables arriving seven to ten days earlier than usual.

Application Packets

Beginning with the spring application packets send-out, the inserts for all regions will contain separate pages for PN and RN codes. The typeface on the inserts will now be larger and easier to read, making it easier for candidates to identify the correct program codes. School codes for schools of practical nursing will be printed on a different color paper than that for registered nursing school codes. The Data Center will continue to include both PN and RN information in all packets, except those states with two boards. (States with two boards may receive both RN and PN information in all packets upon request.)

Special Processing for Candidates on Military Assignment

The Data Center waived processing fees for candidates who were unable to sit for the NCLEX-RN 291 and the NCLEX-PN 491 examination due to military assignment in the Persian Gulf.

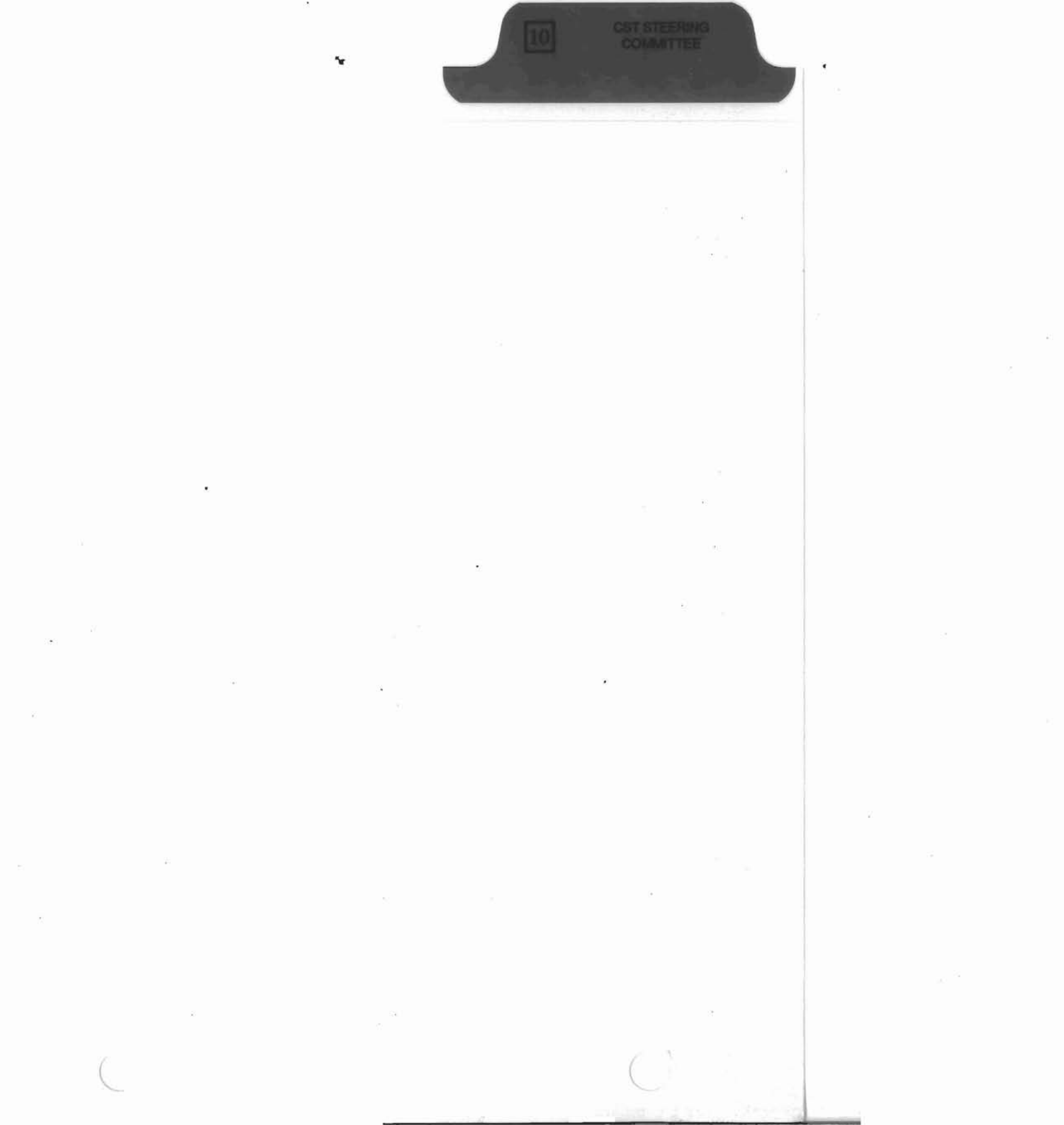
Applications Processed

The following is a summary of the NCLEX-RN 791, NCLEX-PN 091, NCLEX-RN 292, and NCLEX-RN 492 applications processed to date.

Table 1. Summary of Applications Processed

Applications Processed:	**RN 791**	**PN 091**	**RN 292**	**PN 492**
Including Tape and Late Applications	79,902	41,662	45,007	27,655
Application Returns	1,593	1,375	1,143	1,114
Candidate Code Corrections To Date:				
Number of Candidates	932	1092	578	1002
Percent of Direct Applications	1.8%	3.4%	2.9%	5.2%
Number of Boards	40	35	37	39

As Table 1 illustrates, approximately 194,316 applications were received and processed at the Data Center during 1991-1992.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CST STEERING
COMMITTEE

Report of the Steering Committee, Computerized Clinical Simulation Testing Project

Overview

In August 1991, the Delegate Assembly of the National Council of State Boards of Nursing directed that research and development of Computerized Clinical Simulation Testing (CST) be continued. During the past year, CST funding proposals were prepared and submitted to the W. K. Kellogg Foundation (October 1991) and to the Helene Fuld Health Trust (February 1992). The W. K. Kellogg Foundation has notified the National Council that the proposal has been reviewed by staff but as yet no funding decision has been made. Helene Fuld has deferred a decision on our funding request pending Kellogg's decision. Due to delays in response to funding requests, project staff presented written requests to the W. K. Kellogg Foundation for extensions of the project utilizing "left over" Phase I project funds. These funds were used to begin work on some activities proposed for Phase II of the CST Project. The current extension expires on June 30, 1992. At its May 1992 meeting, the Board of Directors was apprised of the amount of remaining Kellogg Funds anticipated as of June 30, 1992. The Board directed that project activities be continued using additional National Council funds and the remaining Kellogg funds. These funds will be used to complete the database and to work on case revisions between July 1 and December 31, 1992.

Activities

During FY92, the CST Steering Committee met two times and had one conference call.

Phase II: Project Goals and Activities of the CST Steering Committee and Staff

Goal I: Model Customization

Activities

1. The cued assessment screen has been removed and all assessments and interventions will now be specified through the same screen. This not only simplifies the model but also makes the test more realistic since the test provides no unrealistic cues for examinee action.

2. Five database consultants contributed to the development of a nursing assessment default database which will be programmed to work with the new simulation model. The assessment database currently contains about 90 "parent" nursing assessment terms which, with their respective synonyms, compile a dictionary of 5,000+ nursing assessment terms.

3. In collaboration with the National Board of Medical Examiners (NBME), the CST orientation system was modified to reflect changes in the simulation model.

Goal II. Case Development

Activities

1. The Scoring Key Development Committee (SKDC) met to validate scoring keys for cases used in the FY91 pilot study. Outcomes of the key validation activities contributed to the validity of the scoring system as well as to the identification of the characteristics of a "good case."

2. A new Case Development Committee (CDC) was appointed by the Board of Directors in August 1991. Four of the original CDC members and six new members were appointed to the committee. The CDC met three times to revise old cases to fit the new simulation model and to work on 20 new cases designed to fit the new simulation model. Case revision and new case development is facilitated by guidelines which identify the characteristics of

a good case and the pitfalls of case development. The new set of guidelines for case development were generated based on outcomes of the CST pilot study. At its March 1992 meeting, the CDC reviewed 12 flow charts. Eight flow charts were approved for programming and four were returned for author revisions. In April, Case Development Committee activities were suspended, pending the outcomes of Kellogg Foundation action on the Phase II funding request.

Goal III. Field/Pilot Testing

Activities

1. Outcomes of the FY91 pilot study data analyses were further reviewed on a case-by-case and item-by-item basis. The results of this review assisted in the identification of guidelines for case development which include the characteristics of a good case.

2. Field testing of the model modifications and assessment database scheduled for spring of 1992 had to be cancelled due to the unanticipated amount of work and time needed to develop and "test out" a dictionary (database) of nursing assessment terms. Model modifications as well as the use of free text entry for requesting nursing assessments precipitated much more work than was anticipated. Case specific responses for all terms in the database relevant to each case have to be rewritten. In the original model, all assessment data was available through 25 options which could be selected from the assessment screen. In the new model, with the new assessment database, it is possible to obtain assessment data through any of approximately 90 different assessment parent terms. Each term must be reviewed for its relevance to a case and potential need for a case-specific response.

3. The CST Steering Committee discussed plans for various pilot studies of alternative uses for CST (discipline, continued competence, re-entry, and licensure). These studies will be designed to collect data which will facilitate decisions regarding these varied applications of CST.

Goal IV. Information Dissemination

The following CST presentations and demonstrations were given:

1. Presentation given at the convention of the National Student Nurses' Association in Chicago, in November 1991;
2. Presentation on the psychometric characteristics of CST was given at a nursing research conference on Clinical Decision Making in Chicago, in November 1991;
3. Presentation given to the National Council's Examination Committee in Monterey, California, in December 1991; addressed issues that will have to be dealt with if CST is ultimately used for initial licensure exams (e.g., standard setting);
4. Presentation was given at the meeting of the National Federation of Licensed Practical Nurses (NFLPN) in Wichita, Kansas, in September 1991;
5. Two presentations were given at the "Nursing Education Conference" in Orlando, Florida, on January 4 and 5, 1992, sponsored by the Medical College of Pennsylvania;
6. Presentation was given at St. Petersburg Junior College, St. Petersburg, Florida, on January 6, 1992, co-sponsored by the College, the Florida Board of Nursing, and six other groups/colleges;
7. Discussed and demonstrated CST at a meeting with the American Hospital Association (AHA) staff in Chicago, in January 1992;
8. Two papers on CST research findings presented at the Tenth Annual Research Conference of the NLN Council of the Society for Research in Nursing Education (CSRNE) in San Francisco, California, in February 1992;
9. Paper on the CST research findings presented at a meeting of the Midwest Nursing Research Society (MNRS) in Chicago, on March 30, 1992;
10. Demonstrated CST videodisc cases to staff at the Fuld Institute for Technology in Nursing Education (FITNE) in Athens, Ohio, on March 18, 1992;
11. Presentation and demonstration was given at the CTB Invitational in New Orleans, Louisiana, in April 1992;
12. Presentation of CST interactive video by NBME at the annual meeting of the Royal Australasian College of Physicians in Adelaide, Australia, in May 1992.

13. Presentation given at the 8th Annual Nurse Educator Conference sponsored by St. Louis University School of Nursing in St. Louis, Missouri, in May 1992.
14. Demonstration and CST "hands on" experience provided at the convention of the American Nurses' Association in Las Vegas, Nevada, in June 1992.

Committee Members

Debra Brady, NM, Area I, *Chair*
Patricia Beck, NY, Area IV
Dorothy Fiorino, OH, Area II
Sheryl Jackson, SD, Area II
Barbara McCant, GA-RN, Area III
Sally Phillips, CO, Area I

Board Liaison

Carol Osman

Staff

Anna Bersky, *CST Project Director*
Carolyn Yocom, *Director of Research Services*

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NURSE INFORMATION
SYSTEM COMMITTEE

Report of the Nurse Information System Committee

Background

The Nurse Information System (NIS) Committee was established in 1986 to study the need for and use of a comprehensive, national database on all licensed nurses, and, if needed, to determine the steps necessary to create the system. In 1988, the Delegate Assembly approved the committee's recommendation that the "*National Council pursue obtaining a grant or other outside funding to assist Member Boards in setting up a system to collect information from licensees.*"

When approached about its interest in funding the NIS, the Robert Wood Johnson Foundation (RWJF) suggested that conducting a feasibility study would strengthen the proposal for funding NIS implementation. The National Council received funds from RWJF, the Public Health Service's Division of Nursing, and the American Nurses' Association to conduct an 11-month feasibility study beginning in October 1990. The results of the study showed that the NIS is both technically and financially feasible, but did not definitively answer questions regarding the availability of data elements from the boards of nursing (see Attachment 1 for the report on the feasibility study).

The NIS Committee determined that it was imperative to know if the boards of nursing could provide the information needed to establish the database before recommending that the NIS be implemented and seeking funding for the project. Because of this concern, the committee, with approval of the Board of Directors, decided to negotiate agreements with each individual Member Board delineating what data elements the Member Board can release and provide with ease for the NIS. Another purpose of the data collection agreement is to allow Member Boards to maintain control over their licensee information by stating the terms under which National Council can release NIS data to others. The agreement also contains provisions for the Member Boards to receive royalties when their licensee data is released.

The NIS is designed to be a national database on nurse licensees that will provide an unduplicated count as well as accurate and up-to-date information on nurse characteristics. During the implementation phase, Member Boards will collect NIS data on new and renewing licensees, and transfer that information to the National Council for compilation in the NIS. The external funds obtained for NIS implementation will be available to assist Member Boards with the costs of data collection and transfer. Following implementation, boards will be asked to transfer those data that may change over time each time they renew licenses, and to send data on new licensees and address changes every six months. The table below shows essential and desired NIS data elements, and indicates what data would be collected on an ongoing basis following the implementation phase. See the NIS Question and Answer sheet (Attachment 2) for some more detailed information.

Table 1. Proposed NIS Data Elements.

Essential Data Elements**	Desired Data Elements
Names*	Gender
Home Address*	Race/ethnic origin
Social security number	Levels of educational preparation*
Date of birth	Employment status*
State in which currently licensed*	Type of employer*
License number	Type of position*
Original state of licensure	Practice area*
Date licensed in original state	Work ZIP code*
Type of basic nursing education program	County of residence*
Year of graduation	

**These data elements will be collected on an ongoing basis, following the implementation phase.*

***It is essential that some combination of these data elements be available for unduplication. It is understood that not all boards will be able to provide all essential data elements.*

The NIS Committee has worked hard to devise an NIS that will be beneficial to the Member Boards. If implemented, the NIS will be a resource on licensee characteristics that will help Member Boards in their mission to protect the public health. The NIS will assist Member Boards to detect applicants for endorsement who do not report previous licenses or disciplinary actions. Through the NIS, boards could obtain a listing of states in which an applicant for endorsement is or was licensed. By then linking with the Disciplinary Data Bank, National Council could check if the applicant had been disciplined in any of those states. License verification will still be the responsibility of the Member Boards. The NIS will allow a Member Board otherwise unable to expand data collection to have important information on their own licensees. The National Council could fill requests for data and labels from state data sets, with royalties from these sales going directly to Member Boards. Some Member Boards may see increased revenue from this arrangement, particularly if they currently have limited data on their own systems. Member Boards could use the NIS to track the movement of licensees across borders, and would be able to obtain comparative data from other states and regions. The NIS also will provide an excellent and unique sampling frame for the National Council and others conducting research in areas of importance to the Member Boards.

Activities

The committee met on October 7-8, 1991; March 8-9, 1992; and May 28-29, 1992. It held conference calls on October 31, 1991; November 13, 1991; February 18, 1992; and April 20, 1992. During the past year, the committee has focused on developing the NIS model contract, presenting the contract to the Member Boards, pursuing additional sources of external funding, and preparing for the eventual possibility of NIS implementation.

The NIS contract was developed during fall 1991 by the NIS Committee, staff, and legal counsel. The contract was reviewed by both the Finance Committee and the Board of Directors before it was sent to Member Boards for negotiation and approval early in 1992. Member Boards have been contacted regularly regarding the status of the contract and to address questions and concerns about the NIS. At the writing of this report, the NIS Committee has not received enough responses from Member Boards on the NIS contract to formulate its recommendation to the Board of Directors regarding NIS implementation. The committee plans to make a recommendation at the Board of Directors' July meeting, and to inform the Delegate Assembly of the recommendation in an addendum to this report.

In addition to contract development, the committee has been seeking external funding for NIS implementation. Over 30 foundations and organizations were contacted to ascertain their interest in funding the NIS, and five have indicated that they are willing to review a grant proposal. National Council has received a check for $500.00 in support of the NIS from the National Association of Boards of Examiners for Nursing Home Administrators, with their request for further information on the project. A proposal for funding to cover the cost of computer equipment required to implement the NIS was submitted to the Dr. Scholl Foundation in May 1992, and a grant proposal will be submitted to the Robert Wood Johnson Foundation in July 1992.

Other activities of the committee over the past year include developing the NIS data collection form, evaluating final results of the NIS pilot study, making a final report to the Robert Wood Johnson Foundation on the feasibility study, and various activities related to contract negotiation and plans for NIS implementation.

Committee Members

Marie Hilliard, CT, Area IV, *Chair*
Patricia Brown, WA-RN, Area I
Vicky Burbach, NE, Area II
Carol McGuire, KY, Area III
Barbara Powers, IN, Area II

Board Liaison

Marcella McKay

Staff

Melanie Neal, *NIS Project Manager*
Carolyn Yocom, *Director of Research Services*

Addendum To The Nurse Information System Committee Report

Attachment 1

This is an addendum to the Nurse Information System (NIS) Committee report provided in the *Book of Reports*. This report includes results of the pilot study and market survey, an update on responses to the Member Board Survey, and the NIS Committee's recommendations regarding NIS implementation.

NIS Pilot Study

Pilot study data were collected in Georgia, Nebraska, and South Carolina at their regular renewal times. Data from Georgia and Nebraska were scanned and then sent to the National Council by April 1991. The National Council has experienced a delay in receiving the data from South Carolina.

Georgia and Nebraska data were analyzed to detect sets of duplicate records, and distinguish them from sets of records that looked similar but actually represented individual licensees. The data elements were tested on 1) all sets of records with the same first and last names in the Georgia file, 2) a segment of records with the same first and last names in both the Georgia and Nebraska files (FILE A), and 3) a second segment of duplicates drawn from the Georgia and Nebraska files (FILE B). Two segments were used because of the difficulty in sorting the combined Georgia and Nebraska files. This problem is related to current software and hardware constraints, and does not impact the feasibility of the NIS.

Social security number was most effective at detecting sets of duplicate records and distinguishing them from groups of records representing persons who have some similar information (e.g., same names), but are actually different people (see Table 1). Date of birth, used in conjunction with names, did virtually as well as social security number in unduplicating records. Date of graduation and original year of licensure did not perform as well when analyzed separately, but were moderately effective when used together to unduplicate data. Combinations of data elements, excluding social security number and date of birth, were also tested. The following variables in combination were moderately effective: original state of licensure, original date of licensure, basic nursing education, and date of graduation.

Table 1. Number of sets of duplicate records detected by selected data elements.

Data Element	Georgia (n=53,123)	FILE A (n=3,682)	FILE B (n=2,841)
Social security no.	27	3	6
Date of birth	21	3	4
Date of graduation	173	121	108
Orig. yr of lic.	177	128	104

These results show that it is possible to produce an unduplicated list of licensees using data from multiple states. The most effective "unduplicators" are social security number and date of birth in conjunction with names. If these variables are missing, a combination of other data elements can be used but with less assurance of detecting all duplicates. When South Carolina data are available, they will be combined with Georgia data to verify the results. It is anticipated that a higher number of duplicates will be found due to the close proximity of the two states.

Member Board Survey

Sixty-one Member Boards have now responded to the survey requesting information regarding availability of licensee data, constraints on data release, and the cost of supplying data for an NIS. While most Boards are able to provide data necessary to produce an NIS, some Boards have legal or policy restrictions on releasing certain data elements. Table 2 summarizes the constraints on release of essential data elements, by jurisdiction.

Table 2. Proposed NIS Data Elements (Essential) Restricted From Release By Board Of Nursing

	Name	Address	Social Security #	Date of Birth	Current State of Licensure	License #	State of 1st Licens.	Date 1st Licens.	Type of Nrs. Educa.	Date of Grad.
AK			X							
AR			X			X				
CA-RN		X	X							
CA-VN			X	X						
DC			X	X						
GU		X	X	X		X	X	X	X	X
IL			X	X		X	X	X	X	X
KY			X	X						
MA			X	X						
MI			X	X						
MO						X				
NH		X	X							
NJ			X							
NY		X	X	X					X	X
OK			X							
PA			X	X					X	
RI			X						X	
SD			X			X				
VT			X	X						
VA			X	X			X	X	X	X
WV-RN*			X	X		X	X	X	X	X
WI			X							

Documentation of legal constraints, which was provided by some Member Boards, has been reviewed by National Council legal counsel. The results of the legal review showed that circumstances differ for each state. Some states must comply with the federal restriction on release of social security number, and some can release restricted information with the consent of individual licensees. Recommendations from legal counsel included developing a proposal for presentation to each Member Board administrator and their legal counsel/Attorney General that describes the NIS, its potential uses, and options for Member Board participation.

Market Analysis

In collaboration with the American Nurses' Association (ANA) a market analysis was performed to determine potential users of the NIS, the amount and types of NIS data desired, what use would be made of the data, and the current frequency and cost of acquisition of nurse lists. This information will assist in determining whether NIS-generated income would be sufficient to support ongoing maintenance of the system.

A total of 1145 survey forms (see Attachment 1), mailed to 4700 groups/individuals, were completed and returned. Of those returning the form and providing valid data, 590 (55%) indicated an interest in purchasing a comprehensive list of nurses (RN and/or LPN/VN) nationwide. The size of the list that respondents indicated they would be interested in purchasing ranged between 1000 - 5000 names (n=233) to more than 1 million names (n=26).

Selection characteristics that respondents indicated would be most desirable in constructing a partial list of licensees were: employment status (n=304), type of employment (n=368), practice area (n=510), and level of education (n=555). The desired data transmittal format included all available possibilities (e.g., roster/printout, mailing labels, electronic media--tape, floppy disk).

The purchased lists would be used by a variety of users for a variety of reasons (See Figures 1 through 7). The most frequently identified uses were for research (n=386), staff recruitment (n=318), and marketing products and services (n=263).

The gross income that could be generated by marketing NIS information was estimated using the following procedure: 1) crosstabulating projected annual purchase size by average cost of lists currently used; and 2) for all those indicated a purchase frequency ranging between "weekly" and "biennially", using the midpoints of each size range (e.g., 1000 - 5000) and each cost range (e.g., $20 - $34/1000 names) identified. (Note: $10 was used for the <$20 response and $100 was used for the >$95 response.) The outcome of this procedure yielded a projected $1,368,275.50 annual income. This figure can only be used as a gross estimate because of several limitations. These limitations include a) the use of a varied pricing structure, b) no guarantee that the respondents would actually use the system, and c) the respondent group probably does not include all potential users of the system.

Based on the above findings, the Committee determined that income generated by the NIS appears to be sufficient to maintain the system. The Committee would again like to emphasize that the Boards will not experience a decrease in revenues due to release of NIS data by the National Council. The National Council's charge for data will include the net profit a Board would receive for release of the same data, and that amount will be returned to the Board.

Future Plans

At its July 1991 meeting, the NIS Committee reviewed the preliminary results of the NIS Feasibility Study. Based on the outcomes of the pilot study and market survey, they concluded that the NIS is both technically and financially feasible. However, responses to the Member Board survey indicated that some Boards may be able to provide only a limited amount of information due to legal and/or policy constraints. Considering these findings, the Committee has adopted a two-stage approach for NIS implementation:

> Stage I: Develop contracts with each Member Board delineating the Board's participation in the NIS. Through the contract negotiation process, the Committee hopes to answer all questions Boards may still have regarding the NIS, and to identify alternatives through which Boards may provide restricted information. In addition, the Committee will evaluate approaches that could be used to facilitate changes in federal laws restricting the use of social security number.
>
> Stage II: Develop data collection and management systems and begin data collection. During this stage, the National Council will establish information management systems required to store, retrieve, and process licensee data. The system will be used to obtain an unduplicated count of RNs and LPNs/VNs, and provide a data source for Member Boards and others interested in characteristics of the nurse population.

Through participation in the NIS, Boards will have the opportunity to contribute to the nursing profession by helping to provide a count of all licensees and accurate information about the nursing resources of the nation. This data will assist in decisions about state and federal funding for education programs, and will be the basis for health care planning regarding nursing. In turn, some benefits Boards will receive from the NIS are:

- access to data on their own licensees that may not be currently collected.
- regional data on the supply of licensees and characteristics of those licensees.
- comparative data from other states and regions.
- option to have National Council fill requests for data and labels.
- link with the Disciplinary Database.
- back-up system for licensee data maintained by National Council.
- options to collect and access data currently not included in umbrella agency's data system.

Figure 1. Data uses by researchers
(n=59)

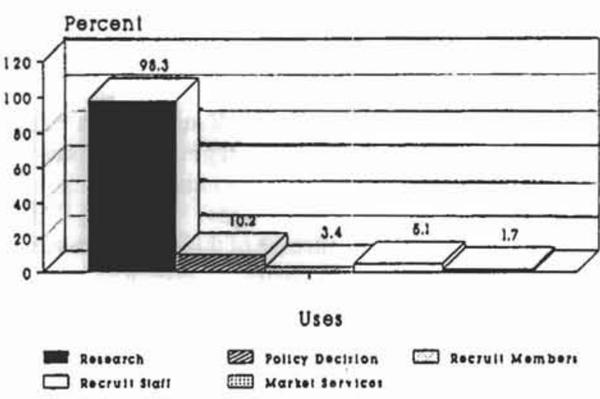


Figure 2. Data uses by government
agencies (n=11)

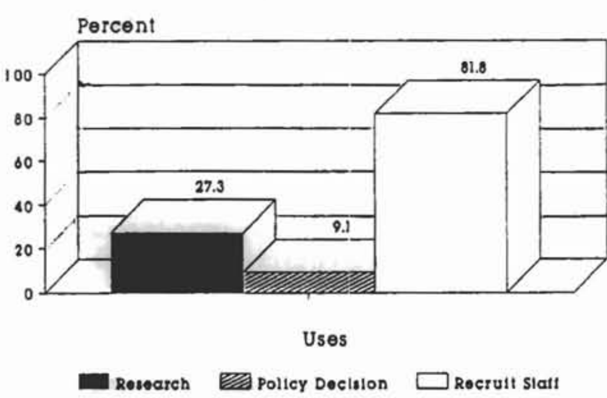


Figure 3. Data uses by associations
(n=54)

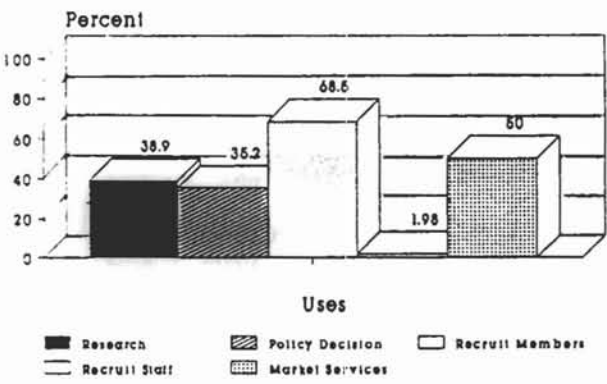


Figure 4. Data uses by educational programs (n=394)

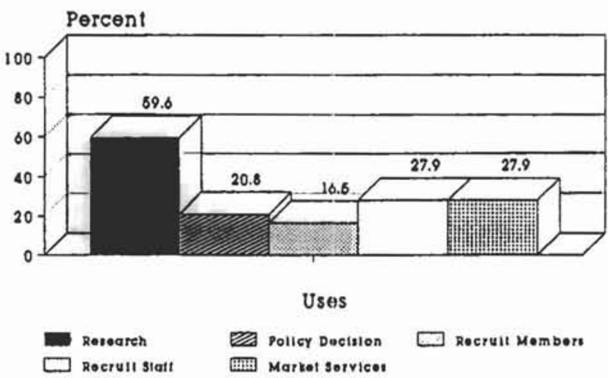


Figure 5. Data uses by employment sites (n=181)

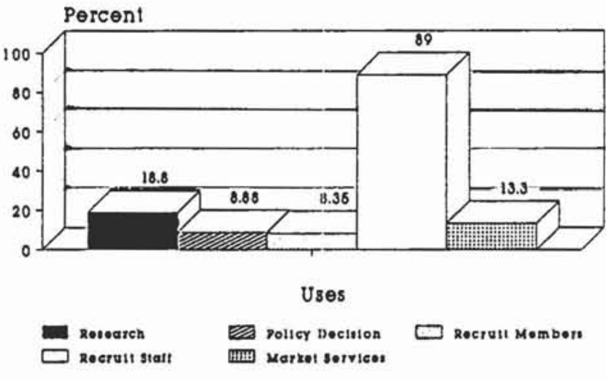


Figure 6. Data uses by journals (n=22)

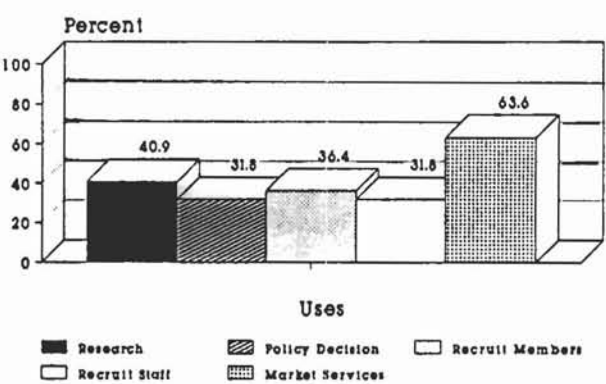
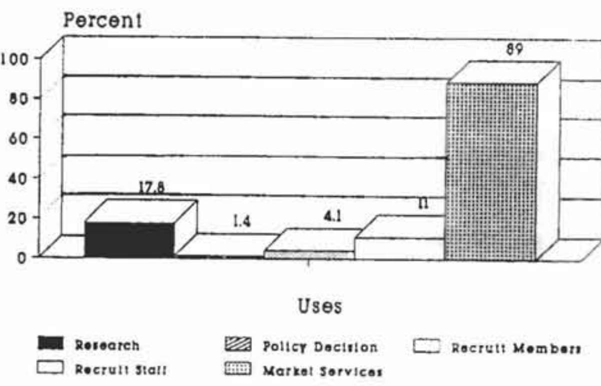


Figure 7. Data uses by product service companies (n=73)



Attachment 2

Questions and Answers on the Nurse Information System (NIS)

Q: What is the NIS?

A: The NIS will be a national database containing demographic information on all licensed nurses. It will provide an unduplicated count of licensees, and be a resource on the characteristics of licensed nurses (e.g., employment status, educational preparation, clinical specialty, etc.).

Q: Who is responsible for its development?

A: In 1986, the National Council Board of Directors charged the NIS Committee with the task of studying the need for and use of a comprehensive national database on all licensed nurses, and, if needed, to determine the steps necessary to create the system.

Q: How has the Delegate Assembly been involved?

A: In 1988, the Delegate Assembly approved the NIS Committee's recommendation that "National Council pursue obtaining a grant or other outside funding to assist Member Boards in setting up a system to collect information from licensees." It also approved the recommendation that "the committee continue to work with Member Boards to identify data currently available in a computerized format for inclusion in a national information system."

Q: Has funding been received?

A: In November 1990, the National Council received a $116,772 grant from the Robert Wood Johnson Foundation in support of the NIS feasibility study. Funding for the study was also received from the Public Health Service's Division of Nursing and the American Nurses' Association.

Q: What work has been completed to date?

A: The NIS feasibility study has been completed, and the results showed that the NIS is both technically and financially feasible. However, the results did not definitively answer questions on the availability of NIS data. National Council is currently negotiating data collection agreements with the Member Boards to clearly determine what data will be available for the NIS.

Q: Has the original purpose of the NIS project changed?

A: No. The original purpose of the NIS was to produce a national, unduplicated count of nurse licensees, and this still holds true. In 1990, when funding was received to conduct the feasibility study, the Robert Wood Johnson Foundation suggested that external funds would be available for implementation of the NIS but not for ongoing maintenance of the system. It was determined that expansion of the NIS to include demographic data describing the nurse population would enhance its marketability, thereby raising revenue to support ongoing maintenance.

Q: Is the NIS project related to national licensure?

A: Just as the implementation of a national nursing exam did not lead to national licensure, the NIS project is in no way related to national licensure. Some individuals have raised the concern that the NIS will lead to a system for national licensure, but this is not the intention of the National Council or the Member Boards that have agreed to participate in the database. With National Council developing and managing the NIS, Member Boards will maintain control over their licensee data and help to insure that the information is used in ways that will benefit the boards and the nursing profession.

Q: How will boards benefit from the NIS?

A: The NIS will be a resource on licensee characteristics that will help Member Boards in their mission to protect the public health. The NIS, with its link to the Disciplinary Data Bank, will assist Boards in detecting applicants for endorsement who do not report previous licenses or disciplinary actions. Member Boards could choose to expand their collection of data on licensees by using the NIS form provided by the National Council. The National Council could fill requests for data and labels from state data sets, with royalties from these sales going directly to the Member Boards. Some boards may see increased revenue from this arrangement, particularly if they have limited data on their own systems. Member Boards could use the NIS to track the movement of licensees across borders, and would be able to obtain comparative data from other states and regions.

Q: How will NIS implementation be funded?
A: The 1988 Delegate Assembly directed the National Council to seek external funding to support NIS implementation. The Robert Wood Johnson Foundation, the major funder of the NIS feasibility study, has expressed interest in reviewing a proposal for NIS implementation. Additional sources of funding are being explored.

Q: What costs will be involved in NIS participation?
A: The NIS Committee has worked hard to identify ways to reduce the cost and workload for Member Boards as they participate in the NIS. External funding will be obtained to assist Member Boards with the cost of collecting and transferring data.

Q: How will the NIS accommodate various Member Board data restrictions?
A: Some boards place restrictions on the uses of their licensee data, and these limitations can be explicitly stated in the NIS contract. For example, a board could limit release of data to educational and research purposes.

Q: Explain the NIS contract.
A: The National Council established contracts for three reasons: 1) the contract delineates the data that a board is able to contribute to the NIS; 2) the contract offers a Member Board the opportunity to maintain control over data released for the NIS; and 3) responses to the contract will permit the National Council to determine if an adequate amount of data is available for the NIS.

Q: Won't boards lose revenue if they currently charge a fee when releasing their own data?
A: No. Boards can opt to respond to all requests for data that they currently fill. National Council would be available to supply data that the board is unable to provide (e.g., an unduplicated national or regional data set). In any case, Member Boards can receive royalty payments whenever their data is released through the NIS and should not experience a drop in revenue. In fact, it may be possible to recognize increased revenue once the NIS becomes a viable program.

Q: How will National Council insure the confidentiality of data that boards don't want released to third parties?
A: One of the major goals of NIS implementation is to develop a security system to insure the confidentiality of NIS data. The system will limit access to data within the National Council, so that only staff with the responsibility of processing information will have access. Because some boards restrict the release of data to third parties, systems will be set up to insure that boards can approve the requests for data that National Council receives.

Q: What are some uses for the NIS data?
A: The NIS will be the only national, unduplicated source of information on nurse licensees. It will be an excellent and unique sampling frame for the National Council and others conducting research in areas of importance to the Member Boards. State as well as federal government agencies could have access to the statistics they need to make decisions on funding for existing education programs and the need for additional programs. The NIS will give health care planners access to information on the geographical distribution of licensees that might lead to solutions to the nursing shortage in certain areas.

Q: What is the likelihood of the NIS being implemented by a group other than the National Council?
A: In 1989, the Health Resources and Services Administration (HRSA) sponsored a conference on nursing data in response to a recommendation by the Secretary of Health and Human Services' Commission on Nursing. The commission, charged with investigating the extent of the nursing shortage, recommended establishment of a data source to assess nursing resources in relation to health planning and manpower. A significant outcome of the HRSA conference was the consensus that the National Council was the logical organization to address the need for nurse manpower data. Because of the great need for and interest in a database like the NIS, it is likely that another group will undertake its development if the National Council does not do so. As the developer of the NIS, the National Council will insure that the Member Boards maintain control over licensee data compiled in the database, and that boards can benefit from the system.

12
FOREIGN EDUCATED
NURSE CREDENTIALING
COMMITTEE

Report of the Foreign Educated Nurse Credentialing Committee

Background

The Foreign Nurse Issues Ad Hoc Committee was formed in 1990 to study the multiple issues related to licensure of foreign educated nurses. Based on the recommendations of this ad hoc committee, the Board adopted a motion to establish the Foreign Educated Nurse Credentialing Committee (originally named "Committee on Foreign Nurse Credentialing") for FY92 and possibly FY93. The charges to the committee were:

1. To conduct an assessment of Member Boards' needs for a central repository for information about foreign RN and LPN/LVN nursing education programs and/or a central service for collecting, maintaining and evaluating credentials of graduates of foreign nursing education programs and, if a need is identified, to follow through with an investigation of existing agencies' service capabilities.

2. To develop criteria to guide evaluation of the comparability of foreign nursing education programs.

3. To investigate regulatory implications of the participation of foreign educated nurses in graduate nursing programs in the U.S. in which they may be expected to perform clinical activities without supervision.

Meetings

The Foreign Educated Nurse Credentialing Committee met October 7-8, 1991; January 13-14, 1992; and March 3-4, 1992.

Activities

A questionnaire was developed by the committee and sent to all Member Boards to gather data related to the charges. The response rate was 83 percent with 51 Member Boards returning a questionnaire. Results of the survey and subsequent activities will be reported as they relate to the above charges.

1. Analysis of the survey data determined that the majority of Member Boards reported a need for a central repository and evaluation services. Member Boards reported that annually 18,569 foreign educated RNs apply for initial licensure and 4,372 foreign educated RNs apply for endorsement. In regards to foreign educated LPN/LVNs, 3,669 apply for initial licensure and 793 apply for endorsement annually. These numbers are considered an under-estimation because some jurisdictions were unable to retrieve these data.

   The majority of Member Boards reported they would use a central repository (n=34) and evaluation services (n=37), if they were established. However, Member Boards indicated that use of these services would be contingent on two critical factors: cost and comprehensiveness of data. Based on survey results, the committee initiated a search for potential providers of these services. A preliminary survey of available services of evaluation agencies revealed that no one agency currently provides the full range of services which Member Boards indicated is needed.

2. The survey data pertaining to Member Boards' minimum curriculum requirements for approved nursing education programs indicates there are very diverse criteria among the jurisdictions. As a result, the committee concluded that establishment of a baseline set of academic criteria that would facilitate Member Boards' evaluation of foreign educated nurses is not feasible. The committee has begun to draft "Guidelines for the Evaluation of Foreign Educated Nurse Qualifications" which describes a process for evaluating nursing education programs to assist Member Boards.

3. Survey results indicated that 55 Member Boards (89%) require both U.S. and foreign educated graduate nursing students who participate in clinical activities to be licensed in either its jurisdiction or another National Council jurisdiction. In terms of specific dilemmas reported by Member Boards regarding foreign educated graduate nursing students, the majority (81%) of Member Boards stated there were no specific dilemmas. Member Boards reporting dilemmas generally indicated their difficulties related to the processing and evaluation of credentials. Only one Member Board reported having a dilemma related to requests to waive requirements.

Future Activities

In accordance with the recommendations of the Board, the committee will continue to gather information on the availability of services. It will conduct a comprehensive investigation of existing evaluation agencies to determine their capability of providing foreign educated nurse evaluation services to Member Boards. The survey will focus on: (1) current capabilities of existing agencies, (2) evaluation of the quality of their services, and (3) the willingness of agencies to expand their current services.

The committee also will finalize "Guidelines for Evaluation of Foreign Educated Nurse Qualifications" to assist Member Boards. The proposed guidelines will be distributed, for review, first to selected experts in the field and then to Member Boards who have experience in evaluating credentials of foreign educated nurses. The guidelines will be pilot tested to determine their potential benefit to Member Boards.

Committee Members

Cynthia VanWingerden, VI, Area IV, *Chair*
Carmen Enz, OH, Area II
Jean Penny, FL, Area III
Pat Swann, GA-PN, Area III
Harriett Wedgeworth Clark, CA-RN, Area I

Board Liaison

Shirley Brekken

Staff

Nancy Chornick, *Research Associate*

13

NACEP COMMITTEE

Report of the Nurse Aide Competency Evaluation Program (NACEP) Committee

Introduction

The Nurse Aide Competency Evaluation Program (NACEP™) Committee continued activities to oversee the ongoing development and implementation of the NACEP. The NACEP is owned by the National Council and developed in conjunction with The Psychological Corporation (TPC) as the test service. NACEP is currently used in 22 states. NACEP meets federal mandates for nursing home nurse aide and home health aide competency evaluation as required for services covered by Medicare/Medicaid reimbursement.

Activities 1992

Meeting Dates

Reports and recommendations were submitted to the Board of Directors after each meeting of the NACEP Committee.

The committee met as follows:

- October 7-10, 1991, in Bloomingdale, Illinois
- February 10-11, 1992, in San Antonio, Texas
- February 19, 1992, telephone conference
- March 16, 1992, telephone conference
- April 6-7, 1992, in Chicago, Illinois

Final Rules Issued

The final rules for nurse aides employed as home health aides and for nurse aides employed in long term care facilities were issued in July 1991 and September 1991 respectively. The manual skills component of the NACEP was revised to reflect changes in the final federal guidelines. A Task Development Panel met in January 1992 to develop new tasks which were reconfigured with other federally required tasks. There are now 27 tasks which have been configured into seven situations.

Passing Standard

A Standard Setting Panel met in March 1992 to recommend new passing standards for the written/oral and manual components of the evaluation. The committee approved the recommended passing standards which were then presented to the Board of Directors in May 1992. The Board approved the recommended passing standards.

Compliance with Final Rules

TPC and the committee worked successfully to assure compliance with the April 1, 1992, deadline for compliance with the final rules.

Security Issues

The administration of the evaluation and implementation of security measures were closely monitored. Security-related incidents were thoroughly investigated and corrective measures were implemented.

Statistics

Item statistics and the results of the administration of the written/oral and manual skills evaluation components were carefully studied. Passing rates for the written/oral and manual skills components remained at the same level as the preceding year.

Communications

Member Boards were kept apprised of matters relating to NACEP on an ongoing basis via fact sheets and updates provided by the National Council. The Directory of Nurse Aide Registries was updated on a quarterly basis and distributed to Member Boards and other interested agencies.

A quarterly publication, *Insight: NACEP News & Issues,* was introduced in the summer of 1992 to provide information regarding nurse aide regulation and other timely information regarding nurse aide roles and responsibilities.

The NACEP Committee continued to promote the cooperation of constituent members and other organizations in order to safeguard public health and welfare. Information regarding federal legislation was distributed to Member Boards and other interested organizations as it became available. Letters commenting on proposed changes have been and continue to be forwarded to legislators and officials of the Health Care Financing Administration (HCFA). National Council staff has maintained regular communication with representatives from HCFA to assure compliance with final federal regulations and to provide input on proposed and final regulations.

A third national Conference on Nurse Aides/Assistants was held in Baltimore, Maryland. Representatives of HCFA spoke to interested parties from state agencies and Member Boards regarding interpretation of the final rules relating to nurse aide training, competency evaluation and the nurse aide registry.

Marketing

Marketing efforts focused on retention of states currently using the NACEP. In addition to renewing contracts with several NACEP users, new contracts were established (Attachment A). A survey of NACEP users was conducted and indicated overall satisfaction with the NACEP (Attachment B).

Other matters addressed by the committee included review of implementation and marketing reports; development of a study guide for nurse aides and/or nurse aide educators; and increased home health aide marketing efforts.

Staff Changes

There were staffing changes for the NACEP: Barbara Halsey, the NACEP Program Manager, assumed the position of CAT Project Manager in October 1991. Ellen Gleason, formerly the NCLEX Administrative Assistant, assumed the position of NACEP Program Manager in December 1991.

Summary

The implementation of the NACEP has been facilitated by the issuance of final regulations for nurse aides in home health and long term care settings. The concerted efforts of the Board of Directors, the NACEP Committee, The Psychological Corporation, National Council staff and user state agencies have produced and implemented an evaluation program which is in full compliance with all federal regulations. Activities in this past year, have focused on the continued development and enhancement of all aspects of the evaluation program, ensuring that it continues to be a reliable, valid and secure evaluation. The program continues to be cost-effective and self-supporting.

Through the efforts of the Board of Directors, the NACEP Committee and National Council staff, NACEP continues to promote public health and safety. The NACEP Committee would like to thank The Psychological Corporation for its continued efforts in producing a legally defensible and psychometrically sound competency evaluation program and the Board of Directors, staff and legal counsel of the National Council for their continued assistance and support.

Committee Members

Sharon Weisenbeck, KY, Area III, *Chair*
Caroline Ace, PA, Area IV
Nelwyn Broussard, LA, Area III, *Consultant*
Sarah Greene-Burger, DC, Area IV, *Consultant*
Ted Day, WA, Area I, *Consultant*
Linda Fleming, CO, Area I
Etta Johnson-Foster, MD, Area IV
Janette Pucci, KS, Area II
Fran Roberts, AZ, Area I
Carol Ruby, NY, Area IV, *Consultant*
Wanda Ryan, IL, Area II, *Consultant*
Mary Tyrrell, MN, Area II

Board Liaison

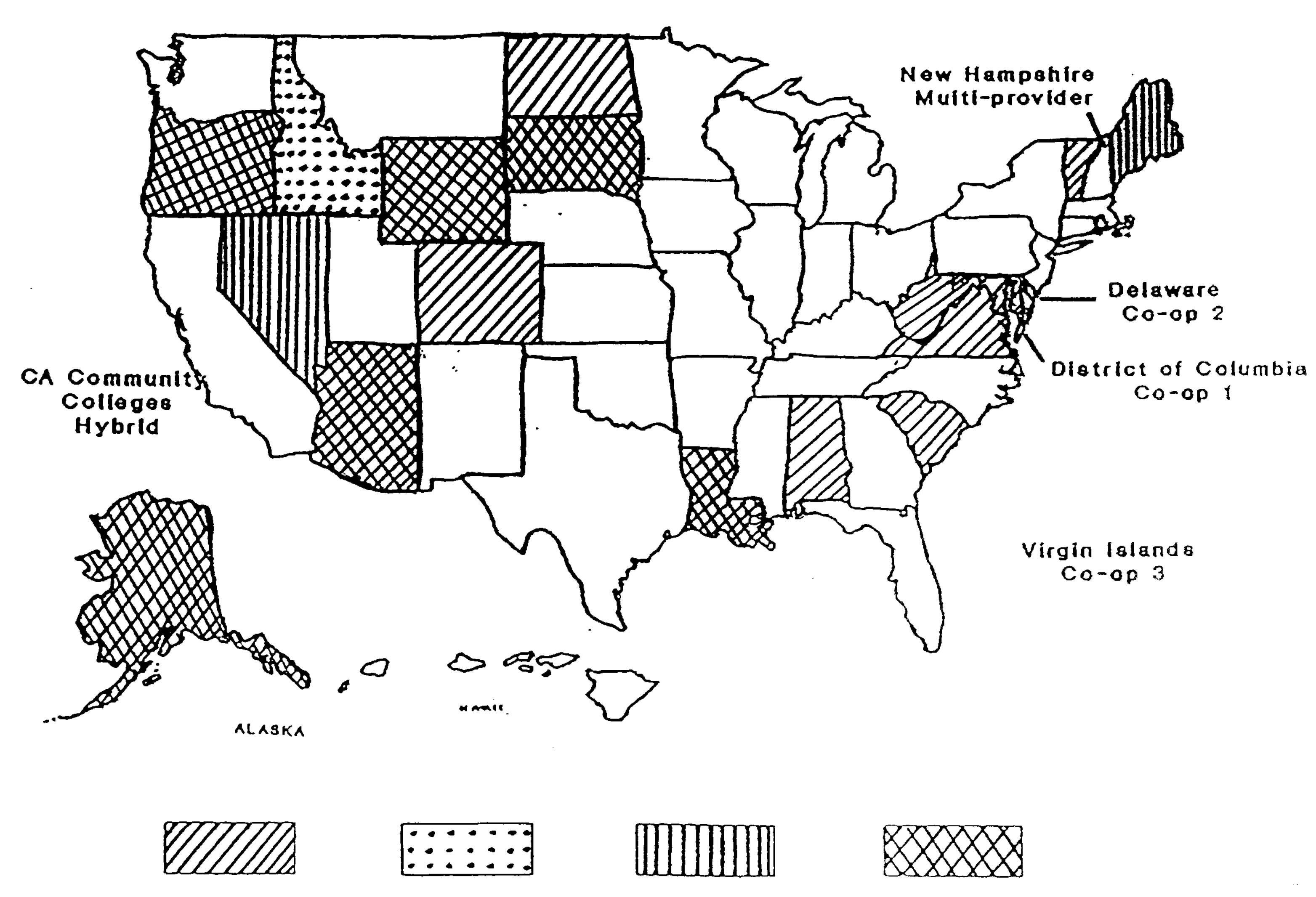
Shirley Brekken

Staff

Ellen Gleason, *Program Manager, Nurse Aide Competency Evaluation Program*

Attachment A

NACEP USERS



**NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.
NURSE AIDE COMPETENCY EVALUATION PROGRAM
APRIL 1992 USER STATE AGENCY SURVEY - CUMULATIVE RESULTS
N = 19**

		SA	A	D	SD	Other*
1.	The Nurse Aide Competency Evaluation Program (NACEP) is a psychometrically sound and legally defensible evaluation of nurse aide competence.	10	8		1	
2.	The NACEP written evaluation is a valid measure of the knowledge, skills and abilities a nurse aide needs to perform competently on the job.	5	13		1	
3.	The NACEP manual skills evaluation is a valid measure of the knowledge, skills and abilities a nurse aide needs to perform competently on the job.	2	12	4	1	
4.	NACEP meets all the legal requirements in this jurisdiction:					
	a. for aides employed in long term care.	8	11			
	b. for aides employed in home health (when used with the Home Health Aide Supplemental Checklist).	6	10			3
	c. for aides employed in acute care settings (hospitals).	5	9	2		3
5.	The quality of the NACEP as an evaluation of nurse aide competence is high.	3	13	3		
6.	The contractual relationship between The Psychological Corporation and this agency is satisfactory.	6	12	1		
7.	The test service provides accurate and necessary information regarding the NACEP.	5	13	1		
8.	The test service answers inquiries from this agency in a reasonable amount of time.	5	11	2		1
9.	Evaluation materials from the test service arrive on time at test sites.	4	13	2		

SA = Strongly Agree
A = Agree
D = Disagree
SD = Strongly Disagree
**Other includes responses such as no answer given, not applicable, perhaps, etc.*

		SA	A	D	SD	Other*
10.	Candidates receive score reports within the time period specified by your contract.	3	13	2		1
11.	The state agency score reports have been received in a timely manner.	2	12	5		
12.	Any implementation problems which occurred were resolved satisfactorily with the test service.	3	15	1		
13.	NACEP security measures are effective.	7	10	2		
14.	Feedback on the NACEP from nurse aides has been positive.	3	12	4		
15.	Feedback on the NACEP from facilities has been positive.		14	4	1	
16.	The application process is easy for candidates and sponsors to compete.	2	14	1	1	1
17.	NACEP is an effective evaluation for <u>home health aides</u> (when used in conjunction with the Home Health Aide Supplemental Checklist) as well as <u>long term care aides</u>.	1	15			3
18.	The Nurse Aide Practice Test has been useful.	2	12			5

		Yes	No	Other*
22.	In your jurisdiction, are you currently using NACEP to evaluate:			
	a. aides employed in long term care settings	18	0	1
	b. aides employed in home health settings	11	7	1
	c. aides employed in acute care (hospital) settings	10	8	1

		Very Low	Low	Med	High	Very High
26.	Overall, how satisfied is this agency with the Nurse Aide Competency Evaluation Program (NACEP) offered by the National Council of State Boards of Nursing and The Psychological Corporation . Please respond on a scale of 1 to 5, with 1 indicating a very low level of satisfaction.		1	6	9	3

Responses to open-ended questions (19-21 and 23-25) are available upon request.
**Other includes responses such as no answer given, not applicable, perhaps, etc.*

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.
NURSE AIDE COMPETENCY EVALUATION PROGRAM
USER STATE AGENCY QUESTIONNAIRE
COMPARISON OF CUMULATIVE RESULTS

		1992	1991	7/90
1.	The Nurse Aide Competency Evaluation Program (NACEP) is a psychometrically sound and legally defensible evaluation of nurse aide competence.	3.42	3.38	3.18
2.	The NACEP written evaluation is a valid measure of the knowledge, skills and abilities a nurse aide needs to perform competently on the job.	3.16	3.16	3.61
3.	The NACEP manual skills evaluation is a valid measure of the knowledge, skills and abilities a nurse aide needs to perform competently on the job.	2.94	3.11	2.82
4.	NACEP meets all the legal requirements in this jurisdiction:			
	a. for aides employed in long term care.	3.42	3.29	3.05
	b. for aides employed in home health (when used with the Home Health Aide Supplemental Checklist).	3.38	3.08	
	c. for aides employed in acute care settings (hospitals).	3.19	2.91	
5.	The quality of the NACEP as an evaluation of nurse aide competence is high.	3.00	3.17	2.94
6.	The contractual relationship between The Psychological Corporation and this agency is satisfactory.	3.26	2.88	3.05
7.	The test service provides accurate and necessary information regarding the NACEP.	3.21	2.77	2.68
8.	The test service answers inquiries from this agency in a reasonable amount of time.	3.17	2.83	3.00
9.	Evaluation materials from the test service arrive on time at test sites.	3.10	2.86	2.77
10.	Candidates receive score reports within the time period specified by your contract.	3.05	2.33	2.05

Averages calculated - highest possible score = 4.00, lowest possible score = 1.00

		1992	1991	7/90
11.	The state agency score reports have been received in a timely manner.	2.84	2.58	2.23
12.	Any implementation problems which occurred were resolved satisfactorily with the test service.	3.10	2.70	2.81
13.	NACEP security measures are effective.	3.26	3.00	3.37
14.	Feedback on the NACEP from nurse aides has been positive.	2.95	2.55	2.77
15.	Feedback on the NACEP from facilities has been positive.	2.68	2.52	2.42
16.	The application process is easy for candidates and sponsors to complete.	2.94	2.52	2.44
17.	NACEP is an effective evaluation for home health aides (when used in conjunction with the Home Health Aide Supplemental Checklist) as well as long term care aides.	3.06	2.91	2.23
18.	The Nurse Aide Practice Test has been useful.	3.14	3.38	3.55

**Other includes responses such as no answer given, not applicable, perhaps, etc. This type of response was not used in calculating the results for questions 1 through 18.*

Annual Report of the NACEP Test Service

Introduction

This report provides a summary of The Psychological Corporation's activity with the Nurse Aide Competency Evaluation Program (NACEP) of the National Council of State Boards of Nursing Inc., from May 1991, through April 1992.

During that period, focus continued to be on test development, retaining current states, increasing market share, and improving communication with state users. The report is divided into four major areas: Psychometric Support, Statistical Data, Operations Issues, and Marketing.

Psychometric Support

The Psychological Corporation managed test development activity for both the written and manual skills evaluations this year. We continued to examine test form reliability, item characteristics, and passing rates.

During this period, five new forms were developed for the NACEP Written Evaluation. To start that development process, we reviewed and reclassified the item bank based on the new blueprint; inventoried and identified areas needing new items; sponsored the development of a new expanded blueprint; contracted with experienced item writers to write new items; and received, edited, and prepared 145 items for item review. Next, The Psychological Corporation facilitated an Item Review Meeting at the National Council to review the new items, and then conducted a national field test of those items. Acceptable field-tested items were added to the item bank, and the updated item bank was used to construct five new written evaluation forms. Those forms were reviewed and approved by the NACEP Committee. The first new written evaluation form was administered in May 1992.

The long-awaited final rule for Nurse Aide Training and Competency Evaluation from HCFA was published in the *Federal Register* on September 26, 1991. In response, we revised the NACEP Manual Skills Evaluation to include additional personal care skills and eliminated all tasks requiring the use of manikins. A new Manual Skills Task Development Committee developed nine additional manual skills tasks based on the list of tasks proposed by the NACEP Committee. They were presented to the NACEP Committee; and, based on discussion and input from the NACEP nurse consultant, a number of changes were made prior to the assembly of situations (forms) for field testing. The new tasks were field tested and then incorporated into seven new manual skills situations to comply with current federal regulations and the NACEP Evaluation Blueprint (effective May 1992). The NACEP Committee reviewed and approved the new situations, and testing began in early April to meet federal timelines.

A meeting was held in March to determine a passing score for both the written and manual skills evaluations using the modified Angoff technique. The results of this meeting were presented to both the NACEP Committee and the Board of Directors to assist them in setting a recommended passing score for the NACEP.

Statistical Data

Attachment A presents selected results of the NACEP test administrations processed March 1, 1991, through February 29, 1992.

Table 1 displays information on the written/oral administration. A total of 40,768 administrations of the written or oral evaluation were processed; the percent passing was 96.8 percent. In states administering the evaluation to at least 100 candidates, the percent of candidates passing ranged from 89.7 percent to 99.7 percent. The Psychological Corporation uses a national monthly testing schedule in full service states.

Tables 2 and 3 provide manual skills information. A total of 37,743 manual skills evaluations were processed; the percent passing was 92.4 percent. In states administering the evaluation to at least 100 candidates, the percent passing ranged from 65.9 percent to 98.3 percent. (This wide range of percent passing may be attributed to the amount of training required in states; prior to OBRA, some states had no training requirements for nurse aides.) Table 3 details the percent of candidates passing by task.

Table 4 and Figures 1 and 2 reflect selected demographic variables based on self-reported information. Eighty percent of the candidates who were administered the written/oral evaluation indicated a level of education of grade 12 or above. Thirty-four percent of the candidates who were administered the written/oral evaluation were minorities.

Operations Issues

Several measures were taken this past year to improve communication among state users, the National Council, and The Psychological Corporation. Quality Assurance Surveys and state NACEP Anomaly Notices were developed and implemented to communicate important information to jurisdictions.

In May 1991, The Psychological Corporation initiated quality assurance surveys. Candidates at both manual and written evaluation centers are randomly surveyed each quarter. In general the results of the surveys have been very positive and indicate that candidates are satisfied with the application process, testing facilities, and the level of difficulty of the tests. Results of these surveys have been shared with state users.

In July 1991, The Psychological Corporation introduced the state NACEP Anomaly Notice which is a summary of all irregularities in NACEP testing that occur in a state during a given month. This notice has improved communication by keeping state program administrators better informed about test administration problems occurring in their jurisdictions.

In April 1992, it was decided to produce a quarterly summary of the anomaly notices. For the period of January-March 1992, eight of the twenty-two states had no anomalies and four states experienced a single anomaly during the quarter. Most of the anomalies reported were common ones (e.g., candidates arriving at test sites without tickets). Out of over 300 test administrations, one critical incident occurred. In April, an examiner reported that eleven written evaluation booklets were taken from a testing room. The Psychological Corporation and the National Council investigated the situation and developed several new security procedures (e.g., on-site visit if security break confirmed) to be considered by the NACEP Committee.

Marketing

The NACEP experienced another year of high success in retaining states. All but one of the NACEP states which had contract expiration dates between May of 1991 and April of 1992 have renewed or extended their agreements. As was expected, the State of Illinois implemented a state-developed nurse aide test and did not renew its contract with The Psychological Corporation. Alabama, Alaska, Arizona, the District of Columbia, Idaho, Louisiana, Nevada, North Dakota, Oregon, Rhode Island, South Carolina, South Dakota, Vermont, Virginia, the Virgin Islands, and Wyoming, 16 states in all, expressed their continued confidence in The Psychological Corporation by going forward with the NACEP. Of those 16 states, only five: North Dakota, Rhode Island, Vermont, Virginia, and West Virginia issued formal requests for proposals. We responded appropriately and were awarded new contracts in Rhode Island, Vermont, Virginia, and West Virginia. In North Dakota, The Psychological Corporation was one of several vendors approved by the State; however, the North Dakota Board of Nursing has continued to work exclusively with our company in providing the full service NACEP.

While we endeavored to accomplish that client retention record, we also worked hard to win new contracts. Though our proposals did not win in New York and Minnesota, we were successful in California. Working with the Chancellor's Office of the California Community Colleges, the NACEP will be administered throughout the state beginning in May 1992.

The Co-op Service One, Two, and Three options, introduced last year, continue to work smoothly and offer marketing flexibility. These delivery models allow state agencies a choice in the level of responsibility for the administration of the NACEP while still maintaining the integrity of the program. The term "co-op" emphasizes the cooperative rather than "turnkey" arrangement for testing services entered into by a state and The Psychological Corporation. The availability of the "co-op" options made it possible to respond quickly to the needs of California and put together an attractive program. Alaska, Arizona, California, the District of Columbia, Idaho, Louisiana, Maine, Nevada, Oregon, Rhode Island, South Dakota, the Virgin Islands, and Wyoming, over half of the NACEP states, operate under a cooperative option.

As stated in last year's report, "Because of the quality of the evaluation instrument, the security of administration, and the flexibility of service offered by The Psychological Corporation, states continue to show a high degree of interest in the NACEP." We remain optimistic about the future growth of the program. Attachment B provides information on nurse aide programs by contractor.

Attachment A

Table 1. NACEP Written/Oral Evaluation
Number Tested and Percent Passing by State
March 1, 1991 - February 29, 1992

State	Written/Oral		Written		Oral[a]	
	Number Tested	Percent Passing	Number Tested	Percent Passing	Number Tested	Percent Passing
Alabama	3,067	93.6	2,994	94.6	73	53.4
Alaska	218	96.3	218	96.3	*b*	*b*
Arizona	3,623	98.0	3,565	98.7	58	56.9
Colorado	3,408	97.8	3,332	98.5	76	65.8
Delaware	782	94.8	747	96.3	35	62.9
District of Columbia	387	94.6	380	94.5	7	100.0
Idaho	1,749	99.3	1,739	99.4	10	70.0
Illinois	5,033	97.4	4,885	97.8	148	84.5
Louisiana	1,207	90.3	1,185	90.5	22	77.3
Maine	353	99.7	353	99.7	*b*	*b*
Maryland	1,115	97.4	1,108	97.5	7	85.7
Nevada	811	98.6	804	98.8	7	85.7
New Hampshire	528	99.4	528	99.4	*b*	*b*
North Dakota	1,109	98.9	1,100	99.2	9	66.7
Oregon	3,249	98.9	3,212	99.1	37	81.1
South Carolina	3,220	89.7	3,119	91.0	101	49.5
South Dakota	1,231	98.9	1,223	99.0	8	75.0
Vermont	742	98.7	733	98.8	9	88.9
Virginia	5,676	97.0	5,622	97.2	54	79.6
Virgin Islands	44	88.6	44	88.6	*b*	*b*
West Virginia	2,435	99.2	2,413	99.3	22	86.4
Wyoming	781	99.4	778	99.5	3	66.7
Total	40,768	96.8	40,082	97.2	686	69.4

[a] Includes Spanish
[b] No oral evaluations administered

Table prepared 5/11/92

Table 2. NACEP Manual Skills
Number Tested and Percent Passing by State

State	Number Tested	Number Passing	Percent Passing
Alabama	3,560	3,386	95.1
Alaska	226	219	96.9
Arizona	2,099	2,008	95.7
Colorado	3,840	3,523	91.7
Delaware	961	846	88.0
District of Columbia	639	525	82.2
Illinois	4,919	4,648	94.5
Louisiana	1,387	914	65.9
Maine	372	338	90.9
Maryland	615	545	88.6
Nevada	1,167	1,099	94.2
New Hampshire	727	688	94.6
North Carolina	3	3	100.0
North Dakota	1,256	1,215	96.7
Oregon	3,433	3,205	93.4
South Carolina	3,260	2,982	91.5
South Dakota	1,456	1,365	93.8
Vermont	863	837	97.0
Virginia	6,053	5,618	92.8
Virgin Islands	11	11	100.0
Wyoming	896	881	98.3
Total	37,743	34,856	92.4

Note: Data reflects candidates tested from 3/1/91 through 2/29/92.

Table prepared 5/11/92

Table 3. NACEP Manual Skills
Percent Passing by Task (In Descending Order)

Task	Percent Passing*
Lift and carry a box	97.2
Make an unoccupied bed	96.2
Make an occupied bed	94.5
Transfer resident from bed to chair	93.8
Give range-of-motion exercises to a knee and ankle	91.5
Brush the teeth	89.8
Position the call signal	89.8
Give a partial bath	89.0
Put on elastic stocking	88.3
Wash hands	88.2
The resident is choking: give abdominal thrusts	85.1
Apply a transfer belt and walk the resident to a chair	81.5
Reposition the resident in a wheelchair	79.2
Use Universal Precautions	78.8
Move and turn the helpless resident	76.3
Measure and record temperature, pulse and respirations	58.2
Give catheter care	58.2
Put on a vest restraint	52.5
Give perineal care	52.5

* Total N = 37,743. Data reflects candidates tested from 3/1/91 through 2/29/92.

The following tasks were not tested during this period:
- Feed the resident
- Walk the resident
- Measure and record blood pressure
- Measure and record height and weight

Table prepared 5/11/92

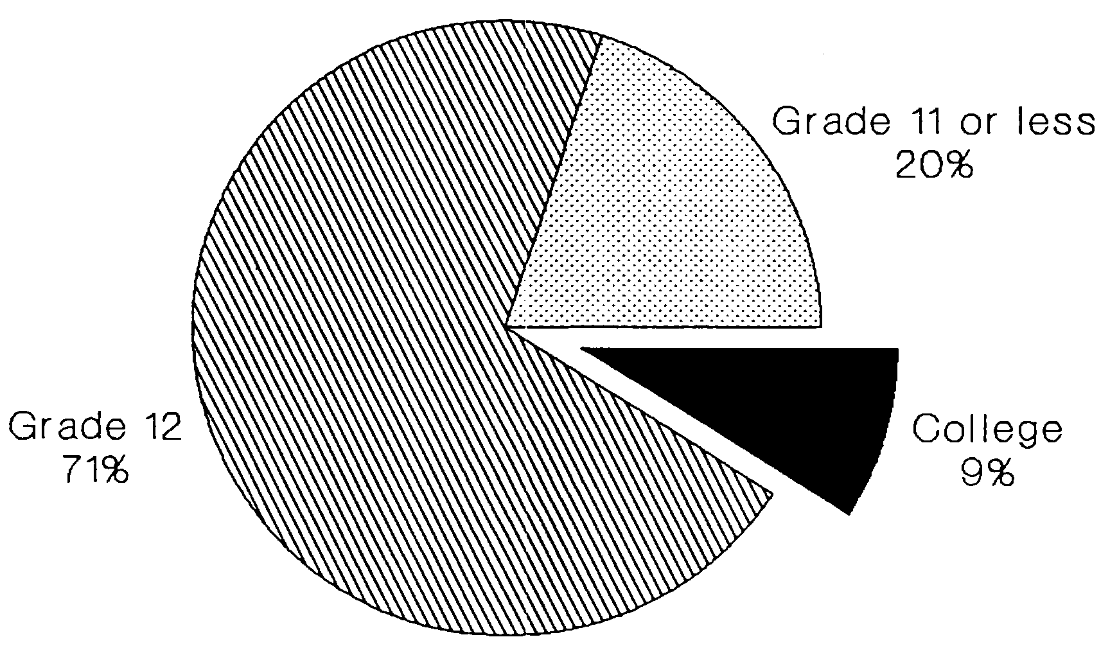
Table 4. NACEP Written/Oral Evaluation
Number and Percent of Candidates Tested by Selected Variable[a]
March 1, 1991 - February 29, 1992

Variable	Candidates Tested	
	Number	Percent
Sex		
Female	34,080	88.8
Male	4,315	11.2
Highest Level of Education		
Grade 7 or less	210	0.5
Grade 8	578	1.5
Grade 9	1,101	2.9
Grade 10	2,233	5.8
Grade 11	3,467	9.0
High School	27,198	70.8
Two years' college	2,502	6.5
Four years' college	1,148	3.0
Native Language		
English	37,245	97.0
Other	1,153	3.0
Ethnicity		
American Indian	920	2.5
Asian American	462	1.2
Black	9,181	24.5
Hispanic	1,524	4.1
Other	549	1.5
White	24,856	66.3
Experience		
Less than 6 months	15,939	48.2
6 months - 1 year	5,499	16.6
1 - 2 years	2,896	8.8
2 - 3 years	1,727	5.2
3 - 5 years	2,079	6.3
5 years or more	4,916	14.9

[a] Number of candidates is based on those responding to questions and includes first-time test takers only. Information is self-reported. Missing information is not included in the calculation of percentages.

Table prepared 5/11/92

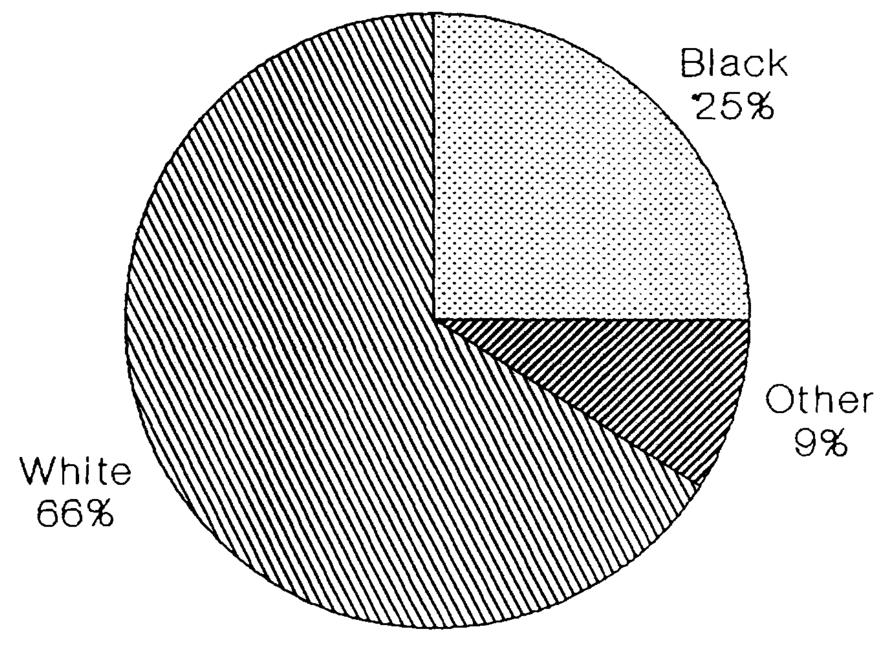
Figure 1. NACEP Written/Oral Evaluation
Percent Tested by Level of Education



Note: Data reflects candidates tested from 3/1/91 through 2/28/92. Number of candidates is based on those responding to questions and includes first-time test takers only. Information is self-reported. Missing information is not included in the calculation of percentages.

Chart prepared 5/11/92

Figure 2. NACEP Written/Oral Evaluation
Percent Tested by Ethnicity



Note: Data reflects candidates tested from 3/1/91 through 2/28/92. Number of candidates is based on those responding to questions and includes first-time test takers only. Information is self-reported. Missing information is not included in the calculation of percentages.

Chart prepared 5/11/92

Attachment B

LIST OF NURSE AIDE PROGRAMS BY CONTRACTOR

The Psychological Corporation

Alabama
Alaska
Arizona
Colorado
Delaware
District of Columbia
Idaho
Maine
Maryland
Nevada
North Dakota
Oregon
Rhode Island
South Carolina
South Dakota
Vermont
Virginia
Virgin Islands
West Virginia
Wyoming

Educational Testing Service

Hawaii
Michigan
Oklahoma
Pennsylvania

Assessment Systems, Inc

Connecticut
Massachusetts
Minnesota
New Jersey
New York
New Mexico
Ohio
Texas
Washington

Health Care Training Corporation of Arkansas

Arkansas

Multiple Provider

California
Indiana
Louisiana
Mississippi
New Hampshire
North Carolina

Other

Florida
Georgia
Illinois
Iowa
Kansas
Kentucky
Missouri
Montana
Nebraska
Tennessee
Utah
Wisconsin

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BYLAWS COMMITTEE

Report of the Bylaws Committee

Recommendation
The committee recommends the consideration of the two proposed amendments to the bylaws as presented in Attachment A of this report.

Meeting Dates
The committee met one time, October 5-7, 1991, and held one telephone conference call on April 27, 1992.

Activities
The specific activities of the Bylaws Committee were as follows:

1. Participated in the National Council's Fall Planning Retreat held in Bloomingdale, Illinois.

2. Reviewed the National Council's bylaws for potential changes.

3. Reviewed all proposed bylaw amendments submitted by Member Boards and committees.

4. Prepared the proposed amendments to the bylaws for presentation to the 1992 Delegate Assembly.

Committee Members
Libby Lund, TN, Area III, *Chair*
A. Frank Caron, CO, Area I *(through January 1992)*
Timothy McBrady, ME, Area IV
William Polaski, PA, Area IV
Mildred "Mickey" Wade, NV, Area I *(March 1992-present)*
Christine Zambricki, MI, Area II

Staff
Vickie R. Sheets, *Director for Public Policy, Nursing Practice and Education*

Current Bylaw	Proposed Bylaw Amendment	Rationale	Bylaws Committee Recommendation

1. Bylaws Amendment proposed by the Oregon State Board of Nursing

Article V Officers

Current Bylaw	Proposed Bylaw Amendment	Rationale	Bylaws Committee Recommendation
B. Qualifications.	Add new section B.6. Any candidate for the Director-at-Large position shall be a board member of a Member Board.	State Boards of Nursing have board members and public members who are, in the majority of states, appointed by the governor to represent the public, and have Executive Directors who serve at the pleasure of the board. The current trend in which the National Council Board of Directors is overwhelmingly composed of executive directors is an unbalanced mix and does not accurately reflect the appointed decision-makers of each state.	The Bylaws Committee does not recommend this proposed change. Bylaws Committee members noted that proposals to "earmark" particular offices have been suggested in the past, but these proposals have not passed. The trend at the last Delegate Assembly was to open up the candidate pool for the presidency. The Bylaws Committee is reluctant to limit the pool of candidates for any officer position. The committee acknowledges that the make-up of the Board of Directors has been primarily executive directors or board staff members, but does not agree that targeting an office would improve the balance. Historically, Member Board members have run very well in National Council elections. The challenge has been to find individuals who are able to make the time commitment, on top of their employment and state board responsibilities, to serve on the National Council Board. The Bylaws Committee is also concerned that having a targeted office might even discourage Member Board members from running for other offices.

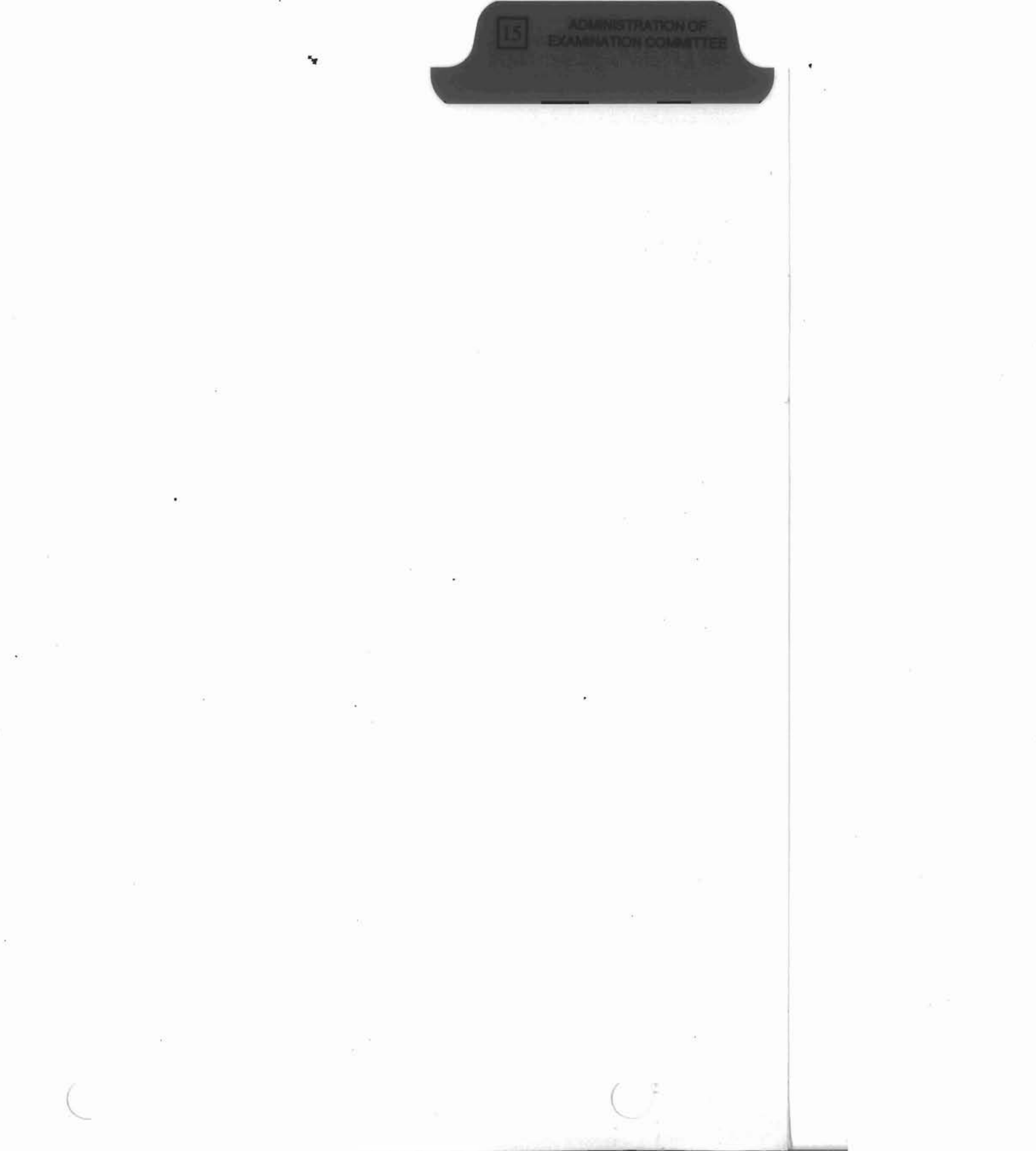
Current Bylaw	Proposed Bylaw Amendment	Rationale	Bylaws Committee Recommendation

2. Bylaws Amendment proposed by the Administration of Examination Committee

Article X Committees

Current Bylaw	Proposed Bylaw Amendment	Rationale	Bylaws Committee Recommendation
D.2.f. establish dates for the administration of the examinations.	Delete.	Examination dates have been approved by the Delegate Assembly through the year 2001, and the Administration of Examination Committee (AEC) is proposing additional dates for 2002 to the 1992 Delegate Assembly. AEC recommends deletion of this item from the list of AEC duties because, with the upcoming implementation of computerized adaptive testing (CAT), setting further dates for paper-and-pencil examinations would be futile.	The Bylaws Committee does not recommend this proposed change. The bylaws language reads simply "establish dates for the administration of examination," it does not indicate that this must be done now for many years in the future. The members of the Bylaws Committee believe that having dates established through 2001 has met the requirements of the current bylaw, and suggest that a change in the AEC policies and procedures may accomplish AEC's immediate goal without the need for a bylaws amendment. The Bylaws Committee suggests that a complete review of the bylaws for changes that are needed for the implementation of CAT, including the suggestion to delete Article X section D.2.f., should be completed with the input of several groups, including representatives from the Administration of Examination Committee, the Examination Committee and the Bylaws Committee. This type of comprehensive review by several groups working together would assist in the identification and

Current Bylaw	Proposed Bylaw Amendment	Rationale	Bylaws Committee Recommendation
			implementation of all necessary CAT changes together. The Bylaws Committee requests a joint meeting at the 1992 Fall Retreat to perform this review.


15
ADMINISTRATION OF
EXAMINATION COMMITTEE

Report of the Administration of Examination Committee

Recommendations

1. The committee recommends the following dates for the year 2002 administration of the NCLEX: RN, February 5-6 (T-W), July 9-10 (T-W); and PN, April 10 (W), October 16 (W).

2. The committee recommends the following alternate dates for the year 2002 administration of the NCLEX: RN, March 12-13 (T-W), September 10-11 (T-W); PN, May 8 (W), November 13 (W).

3. The committee recommends the Delegate Assembly approve the following policy/statements for Modifications to the Examination for Candidates with Disabilities: *It is the policy of the National Council to cooperate with Member Boards in providing appropriate examination modifications for disabled NCLEX candidates whom Member Boards deem eligible for licensure. The National Council will do so by designing and approving procedures which ensure that such modifications are psychometrically sound and safeguard the fairness and security of the testing process for all candidates.* Presented in Attachment A is the policy statement and procedures for your information.

Introduction

The Administration of Examination Committee (AEC) is charged with maintaining the security of the licensure examinations (NCLEX-RN and NCLEX-PN) and assuring that Member Boards are in compliance with all designated security measures.

Activities

The committee held meetings on October 7-8, 1991, and March 11-12, 1992. Conference calls were held on October 18, 1991; January 27, 1992; February 3, 1992; February 19, 1992; and May 7, 1992.

Candidates with Disabilities

The committee reviewed and ratified National Council staff authorizations for modifications issued to 185 candidates with disabilities for the NCLEX-RN 791, 292 and NCLEX-PN 091, 492. Conditions included: 136 learning/reading disabilities, 17 visual disabilities, nine physical disabilities, and seven hearing disabilities. Extended time was granted to 162 candidates; readers were granted to 42 candidates; recorders were granted to nine candidates; large print exams were granted to three candidates; black and white booklets were granted to one candidate; and aids were granted for 11 candidates.

Research on modifications for candidates with disabilities continued. The committee reviewed data obtained from surveys of candidates who sat for the NCLEX-RN 791, 292 and NCLEX-PN 091, 492. Forty-five complete data sets (Member Board, candidate and candidate's nursing program) were obtained from a possible 133. Since a larger database is necessary, data will continue to be collected from candidates who request modifications on future examinations.

With the passage of the Americans with Disabilities Act (ADA) and accompanying regulations, the committee held extensive discussions of how this law would affect administration of the NCLEX examinations and what modifications would be necessary to the policy and procedures for modifications to the NCLEX examinations. A draft policy on modifications to the NCLEX for candidates with disabilities was approved by the National Council Board of Directors, to be used until the meeting of the 1992 Delegate Assembly. This policy, its accompanying request form, and information on the ADA was presented to Member Boards through the *Newsletter* and at Area Meetings and will be presented at a forum during the 1992 Annual Meeting.

Failure Candidate Reviews

Sixty-eight requests for failure candidate reviews were authorized by National Council staff. These were reviewed and ratified by the committee. A failure candidate challenged one item on the NCLEX-RN 791 exam, but the item was upheld as valid by the Board of Directors.

Security Measures

The current status of security measures and procedures to implement security measures were reviewed by the committee. All Member Boards whose procedures to implement security measures had not been revised in the past three years were asked to submit updated versions for review by the committee. In all, thirty-four sets of procedures to implement security measures were requested. Twenty sets of procedures to implement security measures were received, two were approved and eighteen are pending.

The committee reviewed a report on the administration of the NCLEX-PN in Germany by the Delaware Board of Nursing. No unusual incidents were reported.

Site Visits

Representatives of the committee made site visits to the NCLEX administration site in Puerto Rico for the NCLEX-RN 791 and NCLEX-RN 292. Reports of the site visits were reviewed by the committee.

National Council staff observed the administration of NCLEX-PN 492 in Michigan. A report of the site visit will be reviewed by the Administration of Examination Committee at its next meeting.

Representatives of the committee will observe at selected sites for the Computerized Adaptive Testing PN Field Tests in October 1992.

Examination Administration Concerns

Reports of problems with examinations and scoring and tracking reports for NCLEX-RN 791, 292 and NCLEX-PN 091, 492 were reviewed and appropriate actions taken.

The committee discussed a continued increase in late test booklet orders and its implications for the implementation of the crisis management plan. Member Boards with a history of late test booklet orders received letters expressing concern and explaining the formula for estimating the number of test booklets needed.

The committee discussed concerns from a Member Board regarding a candidate who altered her results to the NCLEX-PN 491 to indicate that she had passed the exam. Use of a screened area with the word "NCLEX" covering the background of the results makes it more difficult to alter its appearance. This safeguard was put in place beginning with the NCLEX-RN 292 exam.

The committee discussed the potential for including a candidate confidentiality agreement on the cover of the test booklet to help deter candidates who report questions on the examination back to review courses for use by future candidates. This issue will continue to be discussed, especially in relation to computerized adaptive testing. In the interim, additional information regarding the confidentiality of test items will be added to the candidate brochure at its next revision.

The committee reviewed the status of English-as-a-Second-Language (ESL) research. Test booklet covers were modified to include questions for ESL research beginning with the NCLEX-RN 292.

The committee discussed concerns of a Member Board regarding the readability of the test booklets. The committee adopted a motion to change from transoptic paper to reflective paper. This will allow improved readability and cleaner erasures, thus decreasing the number of booklets pulled for unnecessary handscoring.

The committee approved new test administration agencies for two Member Boards.

The committee recommended to the Board of Directors that a letter of concern be sent to a Member Board regarding a misplaced test booklet.

The members of the committee wish to thank the Board of Directors and Delegate Assembly for the opportunity to serve the National Council and Member Boards in this manner.

Committee Members

Betty Clark, ME, Area IV, *Chair*
Deborah Feldman, MD, Area IV
Alta Haunsz, KY, Area III
Judy Jondahl, IL, Area II
Toma Nisbet, WY, Area I
Vella Salazar, TX-VN, Area III

Board Liaison

Jean Caron

Staff

Jodi L. Borger, *NCLEX Administrative Assistant*
Nancy J. Miller, *NCLEX Program Manager*

Attachment A

EA11
National Council of State Boards of Nursing Policy for Requesting Testing Modifications for Candidates with Disabilities

It is the policy of the National Council to cooperate with Member Boards in providing appropriate examination modifications for disabled NCLEX candidates whom Member Boards deem eligible for licensure. The National Council will do so by designing and approving procedures which ensure that such modifications are psychometrically sound and safeguard the fairness and security of the testing process for all candidates.

Procedures for Requesting Testing Modifications

1. The Board of Nursing shall determine what modifications in testing materials or procedures the candidate requires and shall submit its official request on document EA11b to the National Council. Requests must be communicated to the National Council by the date established as the Member Board's examination application deadline.

2. The request, as submitted on document EA11b, shall contain the following:

   a) candidate's name
   b) date of examination to be modified
   c) diagnosis of candidate's disability
   d) specific modifications requested by candidate

3. Attached to the request shall be a form signed by an authorized representative of the Member Board attesting that provisions have been made to assure the following:

   (i) Identification and admission of candidate in conformance with security measures, Section V.B.

   (ii) Distribution, collection, monitoring, and inventorying of examination materials in accordance with security measures, Section V.

   (iii) If requested, assignment of a trained *reader, selected and approved by the Board. The reader may serve as the examiner/proctor, but shall not assist candidate in identifying the correct responses. The reader and the candidate shall each be issued a separate test booklet and the reader shall read the test verbatim, e.g., "mg" not as "milligram" and "CO_2" not "carbon dioxide."

   (iv) If requested, assignment of a *recorder (scribe), selected and approved by the Board. The recorder may serve as the reader and/or the examiner/proctor. The recorder shall not assist the candidate in identifying the correct responses.

   (v) If requested or if the modification requires seating in a separate room (see note below), assignment of an examiner to perform examiner duties for the candidate in conformance with security measures, Section IV. It is mandatory that an examiner or proctor be with the candidate at all times.

   (vi) Prevention of communication between the candidate and other candidates if either party has completed a part of the examination not yet completed by the other.

   (vii) Verification on the compliance report (EA8) that security of the examination material and process was maintained, and that only modifications approved by the National Council were implemented.

* Readers and recorders shall meet all the examination team requirements in conformance with the security measures, Section IV.
Note: In the event that a modification involving verbalization by the candidate or an assigned individual is requested, the candidate must also be seated in a separate room in order to avoid disturbance of other candidates.

4. Candidates whose only modification is the use of a separate room may be approved at the discretion of the Board of Nursing (without National Council approval). This constitutes the establishment of a new site; as with all sites, a separate compliance report (EA8) must be submitted following the examination administration.

   Candidates whose only modification is the use of aids such as magnifying glasses, rulers, non-programmable calculators, or assistive animals (e.g., seeing eye dogs) may be approved at the discretion of the Board of Nursing (without National Council approval).

5. The following list indicates types of documentation Member Boards may wish to review for candidates requesting modifications:

   a) letter from an appropriate medical professional:

      (i) confirming the disability, and
      (ii) providing information as to what accommodations are required;

   b) letter from candidate's nursing program, indicating what modifications, if any, were granted by the program.

6. The National Council shall respond in writing to the Member Board regarding approval of the testing modifications requested by the Member Board. The costs of approved modifications to materials (large-print booklets, etc.) and modifications to procedures (separate room, reader, recorder, etc.) shall be borne by the Member Board.

Approved Administration of Examination Committee - 2/19/92
Approved Board of Directors - 2/22/92

EA11b
Request for Testing Modifications for Disabled NCLEX Candidates

Please note: Requests for modifications must be communicated to the National Council by the date established as the Member Board's examination application deadline.

Candidate Name: ________________________________ Exam Date: ____________________

Confirmed Diagnosis of Candidate Disability:

____

Has candidate previously taken NCLEX using the same modifications requested herein?

______ YES (for which examination(s)? ________) ______ NO

Has candidate previously taken the NCLEX without modifications?

______ YES (for which examination(s)? ________) ______ NO

Modifications Requested:

____

____

____

Directions: An authorized representative of the Member Board should complete and sign this form and attach it to the request for testing modifications.

I, the undersigned, hereby certify that:

1) The Board of Nursing (or designee) determined ______________________ (candidate name) to be qualified for testing modifications, and that the Board has NOT determined as of this date that this candidate is deemed ineligible for licensure.

2) The Board of Nursing is familiar with current National Council policy and procedure for testing modifications and has determined that the requested modifications are in accord with the intent expressed in the policy statement and with the specific requirements set forth in the procedure.

3) The Board of Nursing assures that the administration provisions (as set forth in the procedures) will be made when implementing the specific testing modifications requested.

4) Please check all documentation reviewed by the Board prior to this action: (Please attach a copy of any documents that specifically describe the nature of the modifications requested to assist the National Council in designing appropriate materials/procedures.)

   ______ letter from candidate requesting modifications

   ______ letter of diagnosis from appropriate medical professional

   ______ letter from nursing program indicating need for modifications and what modifications, if any, they granted

   ______ other/specify:

Signature: ____

Title: ____

Jurisdiction: ______________________________ Date: ____________________

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EXAMINATION COMMITTEE

Report of the Examination Committee

Introduction

The Examination Committee is charged with all aspects of the development of the National Council Licensure Examinations (NCLEX-RN and NCLEX-PN). This includes: adopting the final examination forms, evaluating the final statistics, monitoring research and disseminating information related to the examinations to Member Boards and other interested parties.

The committee's activities will be presented within the framework of the National Council's Operational Plan.

Activities

The committee met in Bloomingdale, Illinois, on October 5-8, 1991; at CTB on October 9-11, 1991; December 9-13, 1991; March 30 - April 12, 1992; and June 15-19, 1992. Conference calls were held January 14, 1992, and February 11, 1992.

Goal I. Develop, promote and provide relevant and innovative services.

Objective A: Develop licensure examinations that are based upon current accepted psychometric principles and legal considerations.

1. Adopted real and tryout items for NCLEX-PN 492 and 092 and for NCLEX-RN 792 and 293.

2. Evaluated item writing and panel of content experts sessions for process and productivity.

3. Made appointments to the NCLEX test development panels, including the Bias Sensitivity Review Panel (BSRP).

4. Approved revised *Guidelines for NCLEX-PN Item Writers.*

5. Monitored the work of the BSRP: reviewed all items flagged by the panel as having facial bias or culturally bound material, revised policies and procedures related to the panel, and revised the orientation manual.

6. Responded to a candidate challenge of one item on NCLEX-RN 791. After review of the documentation in the nursing literature and the conclusions of the expert nursing panels during the test development process, the committee reported to the Board of Directors that the item challenged was a valid test item and that the answer keyed as correct was the only correct answer. The item functioned as a psychometrically sound and valid item.

7. Reviewed RN and PN items that were designated by Member Boards as inconsistent with state statutes.

8. Responded to routine correspondence addressing specific NCLEX items from Member Boards and candidates.

9. Reviewed the routine research reports that are generated following each examination. These include: preliminary and final statistical reports, ethnicity/gender reports, and person-fit reports.

10. Reviewed a report on "non-standard" candidates taking the PN examination. A memo was sent to Member Boards reminding them to correctly use program codes for RN educated candidates taking the PN examination, as well as equivalency candidates.

11. Changed the name of the panel of content experts to item reviewers effective after the 1992 Delegate Assembly.

12. Reviewed the PN dimensionality study and found the results to be similar to the ones found in the RN study. There was evidence of statistical multidimensionality, however, this has no practical significance on the examination.

13. Received computerized adaptive testing (CAT) updates at each meeting, including review of the CAT Master Plan.

Objective B: Establish policies and procedures for the licensing examinations in nursing.

1. Made revisions to examination policies which included:

    a. adding a section related to the BSRP,

    b. expanding the section related to the panel of judges,

    c. expanding information related to item statistics,

    d. determining that Mantel-Haenszel (M-H) analysis be done only on real items based on the triangulation studies done by CTB,

    e. developing a "floating" criteria for the determination of items as acceptable which have distractors with positive point-biserials,

    f. changing the lower boundary of item p-values to .10 from .30 for inclusion in the CAT item pool,

    g. determining that after four-year-old NCLEX items have been reviewed by a panel of content experts and revalidated in two current sources, they can be returned to the item pool without further study,

    h. determining that casebound RN items may be rewritten into individual items without content change and proceed directly into the item pool without further study. (PN items will be discussed at the June meeting.)

2. Developed guidelines for an acceptable CAT item pool.

Objective C: Provide consultative services for National Council members, groups, agencies, and individuals regarding the safe and effective practice of nursing.

1. Developed the program agenda for the Educational Forum that will be presented on August 18, 1992, from 1:00 p.m. - 2:30 p.m., prior to the Delegate Assembly.

Committee Members

Karen Brumley, CO, Area I, *Chair*
Rosalyn Cousar, VA, Area III
Patricia Earle, MN, Area II
Gwen Hinchey, CA-VN, Area I
Milene Megel, NY, Area IV
Maude Speakman, NC, Area III

Committee Alternates

Anita Daus, MI, Area II
Terry DeMarcay, LA-PN, Area III
Margaret Howard, NJ, Area IV
Lura Kohrman, WY, Area I
Renatta Loquist, SC, Area III
Sandra MacKenzie, MN, Area II
Cynthia Purvis, SC, Area III
Richard Sheehan, ME, Area IV
Rosa Lee Weinert, OH, Area II

Board Liaison

Joan Bouchard

Staff

Nancy J. Miller, *NCLEX Program Manager*

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COMMUNICATIONS
COMMITTEE

Report of the Communications Committee

Meeting Dates
The Communications Committee met October 7-8, 1991; January 27-28, 1992; and April 9-10, 1992.

Committee Activity
The Communications Committee began its work at the October Fall Planning Retreat, helping to formulate and guide National Council's communications efforts. For the purpose of this report, committee activities are organized into two sections: 1) communications, and 2) meeting planning.

Communications

Communications Plan
The committee finalized the communications plan for consideration by the Board of Directors; it was approved during the Board's October meeting and is included as Attachment A. A review of the operational plan revealed that communications-related activities were interspersed throughout, listed under various goals, objectives and strategies. Duplication of communications activities occurred in the document, and their chaotic placement tended to make it difficult to conduct an effective evaluation of communications activities, thereby diffusing the realization of their collective impact on the organization. With this in mind and in light of the results of the recent trend analysis, the committee agreed to recommend change to the operational plan by adding a goal and related objectives that are dedicated to communications. As a result, the Communications Committee provided the Long Range Planning Committee with a recommendation to include the Board-approved communications goal and related three objectives as part of National Council's operational plan.

Input regarding the priority of strategies on the communications plan was requested and received from the Board of Directors. Using this input, the committee again reviewed each communications activity to determine its current status and identified those activities for which work should be minimally begun and hopefully completed by October 1992. The committee routinely reviewed the status of all communications activities at each of its meetings in order to properly monitor progress.

Newsletter
The committee surveyed Member Boards and reviewed the results regarding the National Council *Newsletter*. Based on the results, the committee agreed that the *Newsletter* is meeting its intended purpose and the needs of its readers. Therefore, no change was recommended for this publication at this time.

Exhibiting
The committee concurred that all exhibiting should be done under the National Council umbrella, so that the National Council and its projects (e.g., CAT, CST) receive the greatest benefit for the dollars invested. With the budget allowing for three exhibiting opportunities, the committee suggested that the National Council exhibit at the American Nurses' Association (ANA), the National Student Nurses' Association (NSNA), and the third location to be one that assists the efforts of the CAT Education Information Team. During the past year, within the Communications Committee approved budget, the National Council exhibited at ANA, NSNA, and the American Association of Colleges of Nursing (AACN).

Authorship Policy
Recognizing that a policy does not exist regarding authorship by National Council committee members of articles regarding National Council projects and/or activities, the Board of Directors requested during its December 1991 meeting that the Communications Committee review the matter and submit a recommendation to the Board for consideration at its February meeting. The committee concurred with the Board's concern and developed a policy for

consideration by the Board. The following recommended policy was reviewed and revised by legal counsel, and adopted by the Board at its February 1992 meeting:

In an effort to ensure accuracy of information being published, the National Council of State Boards of Nursing requires that articles for publication in media other than National Council publications or Member Board newsletters, written by individuals who serve as National Council volunteers, contractual vendors, or staff regarding National Council activities and projects contain one of the following statements, as determined following review by the National Council:

1. *The opinions expressed herein are those of the author and are not those of the National Council of State Boards of Nursing.*
2. *The National Council of State Boards of Nursing confirms the accuracy of the facts presented in this article; the opinions and conclusions expressed are those of the author(s).*
3. *The conclusions and positions stated in this article are consistent with those of the National Council of State Boards of Nursing.*

This policy now appears on National Council's Committee Volunteer Information Form and Confidentiality Agreement Form, and is effective for all National Council volunteers, contractual vendors and staff.

Chicago Review Press (CRP)

The committee continued to monitor and enforce CRP's contract compliance. The committee was pleased to note via correspondence from CRP that it had a successful experience in exhibiting at the National Student Nurses' Association meeting held in Chicago in November 1991. The letter indicated that seven percent of the attendees purchased a review book on site. CRP noted that the average expected return on such an event is three percent.

Orientation Materials

The committee discussed the development of printed materials targeting internal and external audiences for the purpose of orientation to the National Council. The committee agreed that not only did printed materials need to be developed, but an orientation program needed to be designed. The committee decided to assist by developing a plan that outlines procedures and/or protocols to be taken in the event of a newly hired executive director, newly appointed board member, board staff, and others, as appropriate.

The committee also discussed the possible development of a preceptor program. The committee agreed that development of an orientation program should proceed in three stages: 1) development of printed materials; 2) identification of an orientation process, which may incorporate a type of preceptor program through the Resource Network; and 3) specific educational experiences for executive directors, board members and staff. This year, the committee provided staff with an outlined direction for printed materials and decided to focus its October 1992 meeting on developing an orientation process for consideration by the Board of Directors.

Meeting Planning

Annual Meeting

Acting on the resolution adopted by the 1991 Delegate Assembly that requested a three-day annual meeting, the Board of Directors approved a three-day annual meeting schedule, beginning in 1993. The Communications Committee used the three-day schedule as a guide in developing the annual meeting schedule for 1992. Attendee evaluations and existing hotel contractual constraints were also considered. In keeping with the Board's decision to change the meeting pattern to Thursday through Sunday in response to attendee requests for possible Saturday night stays, negotiations were entered with the hotel to enable the 1992 meeting to be conducted Tuesday through Saturday (August 18-22, 1992) rather than the originally contracted Monday through Friday pattern. Additionally, the recommended schedule incorporated:

1. the Board's request to allow time for the presentation of CAT vendor proposals;
2. the addition of a follow-up networking session to replace an evening social (which responds to attendee evaluations' overwhelming requests to increase informal networking time and eliminate the National Council off-property social event); and
3. the trial of concurrent educational sessions scheduled prior to the start of the business meeting (which responds to attendee evaluations' requests to conduct educational sessions outside of the business meeting and to offer more opportunity for dialogue on prevailing topics).

In discussing the decision to eliminate the National Council off-property social event, the committee agreed that, in lieu of a planned social event in 1992, registrants should be provided with information that focuses on tourist and travel opportunities in the Colorado Springs area.

The committee recognized that the trial of concurrent educational sessions is a new direction for the National Council. Development of the idea was created from attendee evaluations which indicated a desire for education, a need for continuing education units, a plea for more opportunity to dialogue, and a request that educational sessions be conducted outside of the business meeting. The committee designed a three-track program and mailed a Call for Papers to the membership. Six papers were selected by the committee for presentation at the 1992 annual meeting. Attendee evaluations will be reviewed prior to making plans for 1993.

Awards

At its July 1991 meeting, the Board of Directors requested that the Communications Committee review National Council's awards program. The committee reviewed the awards program of other organizations and agreed that the National Council needed to redesign its awards program to promote consistency of information, to identify clear criteria, and to encourage fairness of volume of information submitted. The committee worked to revise the nomination forms of National Council's current awards, with revisions to begin in 1993. Its recommended revisions were approved by the Board at its February 1992 meeting.

The call for nominations for the 1992 R. Louise McManus Award was distributed to all Member Boards, with received nominations provided directly to the Board of Directors for selection.

Regulatory Conference

The committee reviewed the evaluations of the 1991 Regulatory Conference and agreed that the National Council must remain the source for information regarding regulation for nursing. The continuation of educational programs/seminars/ conferences was considered by the committee to be imperative. Ideas for more effective programs were explored, offering programs pre- or post-Area Meetings among them. The Communications Committee recommended to the Board that the 1993 Regulatory Conference not be conducted in its usual fashion, but rather, it be scheduled as an optional day of dialogue on regulatory issues in conjunction with the 1993 Area Meetings. This recommendation was approved by the Board at its February 1992 meeting.

These regional regulatory conferences would be tailored to Area-specific regulatory issues and presented by experts who are directly involved with Member Boards, i.e., tapping the expertise of Member Board staff and board members. A call for papers would be utilized in the same fashion as done for the annual meeting's newly-planned 1992 educational sessions.

Ample creative dialogue and networking time would be scheduled with one or two regional issues addressed in the morning, a more national or global regulatory issue discussed during lunch, and one more regional issue tackled in the early afternoon. Smaller, regional attendance would facilitate more open dialogue and problem-solving discussions. This is consistent with written comments submitted by those attending National Council's Regulatory Conference and/ or an educational session at the annual meeting.

As a service to Member Boards, this program could be offered at little or no cost to attendees, other than what is needed to pay for food, beverage and minimal presenter expenses. This one-day meeting would be optional and would eliminate additional travel expenses for those already planning to attend their Area Meetings. It would require only one additional night's stay.

The Communications Committee plans to evaluate not only the success of the regional regulatory conferences, but also review attendee evaluations from the 1992 educational sessions and CAT workshops to assist in developing future recommendations regarding educational programming.

Committee Members

Judi Crume, AL, Area III, *Chair*
Elaine August, WI, Area II *(through February 1992)*
Joyce Boone, CA-RN, Area I
Ronald S. Ellis, NY, Area IV
Faith Fields, AR, Area III
Margaret Howard, NJ, Area IV

Board Liaison

Susan Boots

Staff

Susan Woodward, *Director of Communications*
Susan Davids, *Manager of Meetings and Convention Services*

COMMUNICATIONS PLAN

Presented to and Approved by the Board of Directors
October 22, 1991

National Council Mission Statement

The mission of the National Council of State Boards of Nursing is to promote public policy related to the safe and effective practice of nursing in the interest of public welfare. It strives to accomplish this mission by acting in accordance with the decisions of its member boards of nursing on matters of common interest and concern affecting public health, safety and welfare. To accomplish its aims, the National Council provides services and guidance to its members in performing their functions which regulate entry to nursing practice, continuing safe nursing practice and nursing education programs.

Communications Goal

The communications goal for the National Council of State Boards of Nursing is to be recognized by all audiences as the prime source of information and expertise regarding the regulation of nursing practice and education.

(Communications encompasses all possible interactions between an organization and its audiences, both internal and external. The scope of communications spans development, marketing and delivery of communications vehicles and activities.)

Communications Objectives

1) To establish communications which facilitate a responsive exchange between external and internal audiences.

2) To enhance the National Council image and credibility through utilization of a variety of professional communications vehicles.

3) To create and seek communications opportunities that promote, inform and educate on issues regarding the regulation of nursing practice and education.

Note: The Board of Directors approved the communications goal and three objectives at its spring, 1991, meeting.

Objective #1: To establish communications which facilitate a responsive exchange between external and internal audiences.

STRATEGIES	ACTIVITIES
Maximize flow of communications with professional nursing organizations.	Ensure mail list includes address of all professional nursing organizations.
	Seek opportunities to showcase National Council activities and experts.
	Explore exhibiting opportunities and costs.
	Expand utilization of newsreleases and fact sheets.
	Capitalize on *Emerging Issues*.
	Create opportunities for focus groups.

STRATEGIES	ACTIVITIES
Enhance existing formal communications network between the National Council and Member Boards.	Evaluate effectiveness of *Newsletter* and revise as needed.
	Promote role modeling and mentoring through the promotion of the Resource Network.
	Evaluate purpose/effectiveness of Area meetings and make appropriate recommendations.
	Promote the use of NCNET.
	Continue to implement and evaluate identified methods of distributing information about the National Council and regulatory trends.
Develop a formal communications structure to improve committee-to-committee communication.	Explore alternative routes of communication: * publish Committee Communique * consider attendance exchange of committee members at committee meetings * seek open dialogue with Long Range Planning Committee
	Develop orientation materials for committee chairs.
Determine more effective communications pathways to ensure dissemination of information to internal and external audiences.	Survey Member Boards.
	Talk with Area Directors.
	Recommend dialogue at Area meetings regarding how to better communicate to all audiences.
	Develop a system to evaluate National Council publications.
	Identify means of sharing information with interested comsumer groups.
Promote participation in National Council's awards program.	Review awards program and nomination criteria and develop recommendations for Board consideration.
Effectively communicate crises information to Member Boards and appropriate audiences.	Develop a communications crises plan of action.
Improve methods of information dissemination for annual meeting.	Evaluate purpose/need/use of *Book of Reports.*
	Explore new avenues of on-site communication with delegates during annual meeting.
	Update and organize mail list by target audiences.
	Streamline annual meeting schedule to maximize time and promote information exchange.
	Review evaluations on educational programs at annual meeting and propose programs, as appropriate.

Objective #2: To enhance the National Council image and credibility through utilization of a variety of professional communications vehicles.

STRATEGIES	ACTIVITIES
Provide greater sophistication of communication vehicles.	Identify variables affecting cost of communications and make appropriate recommendations to the Board, with accompanying budget adjustments.
	Explore high-tech communications (e.g., computer networks, videoconferencing, videotape, etc.)
	Evaluate effectiveness of videoprojection at annual meeting.
Enhance National Council image and credibility through communications effort.	Analyze fee waiver policy.
	Evaluate effectiveness of Regulatory Conference and make appropriate recommendations.
	Explore possibility of expanding Resource Network concept to external audiences.
	Evaluate benefits of exhibiting.
	Consider development of revenue-producing educational/informational seminars or programs.

Objective #3: To create and seek communications opportunities that promote, inform and educate on issues regarding the regulation of nursing practice and regulation.

STRATEGIES	ACTIVITIES
Promote information exchange among members to enhance opportunity to utilize common approaches where possible and illuminate diversity where it exists.	Promote NCNET for licensure verification and disciplinary data bank usage.
	Develop and make available a resource file of surveys to be shared with Member Boards.
	Continue Research Forum during annual meeting.
	Promote use of Resource Network.
Promote information exchange and education among educational consultants and educators.	Investigate means of and desire for support to educational consultants.
	Evaluate current communication vehicles used to reach educators, and revise or add as needed.
	Explore possibility of greater direct communication from the National Council to educators.
	Develop a telephone directory of educational consultants.
	Consider addition of small interest group meeting for educational consultants during annual meeting.

STRATEGIES	ACTIVITIES
Provide orientation and information sufficient to keep new and continuing members and staff of Member Boards up-to-date on current issues within the purview of the National Council.	Review National Council orientation materials/process. Seek input from Member Boards regarding effectiveness of current communication vehicles and needs. Evaluate need for on-site information and education during the annual meeting. Explore possibility of hosting regional meetings. Develop and promote use of NCNET bulletin board.
Capitalize on cost-effective communications that offer alternatives to financially restricted audiences.	Determine feasibility of videotaping conferences, educational forums, and other selected meetings. Explore feasibility of publishing and selling meeting proceedings, speeches and monographs.

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NURSING PRACTICE AND EDUCATION COMMITTEE & SUBCOMMITTEES

Report of the Nursing Practice and Education Committee

Recommendations

The Nursing Practice and Education Committee (NP&E) recommends that the Delegate Assembly:

1. Adopt the Joint Statement on Nursing Shortage prepared in collaboration with the American Nurses' Association and the National Federation of Licensed Practical Nurses, Inc., (Attachment D).

2. Direct NP&E to monitor Member Board positions regarding entry into practice and report back to the Delegate Assembly every two years. NP&E has been reporting annually regarding entry into practice positions. This year, a statement of the position taken by responding boards and the year adopted have been incorporated into the report. Only one state has reported taking a formal position since 1988. NP&E suggests that the topic can be adequately monitored by collecting and reporting data on entry into practice every two years with the major Member Board survey profile.

The reports of the Subcommittee to Study Regulatory Models for Chemically Dependent Nurses and the Subcommittee to Study the Regulation of Advanced Nursing Practice are also addenda to this report and will be considered as independent reports. NP&E supports the recommendations of the Subcommittee to Study the Regulation of Advanced Nursing Practice.

The NP&E Committee also supports endorsement of *Nursing's Agenda for Health Care Reform.*

Meeting Dates

The committee met three times: October 5-9, 1991; January 30-31 and February 1, 1992; and March 13-15, 1992. The committee also held two conference calls, on May 5 and May 15, 1992. The committee continues to follow the Delegate Assembly direction to bring update reports on entry into practice (see Attachment A) and continued competence (see Attachment B). At the direction of the Board of Directors, the committee surveyed National Council committees and other nursing organizations regarding the potential regulatory implications of *Nursing's Agenda for Health Care Reform.* The responses are summarized, along with feedback obtained from Member Boards in 1991, in Attachment C.

Activities

The committee accomplished the following activities:

1. Reviewed and commented on reports from the Subcommittee to Study Regulatory Models for Chemically Dependent Nurses and the Subcommittee to Study the Regulation of Advanced Nursing Practice.

2. Reviewed and analyzed data from entry into practice, continued competence, and *Nursing's Agenda for Health Care Reform* surveys for general trends and presentation in the *Book of Reports.*

3. Reviewed and made suggestions for revisions and additions to the Member Board Profile Survey, e.g., articulation issues.

4. As part of ongoing work on continued competence, began planning methods to collect data regarding assessment of continued competence for the purpose of developing a guide for assessment.

5. Received reports from committee members who attended the National Organization for Competency Assurance (NOCA) meeting.

6. Met with Anna Bersky, Computerized Clinical Simulation Project Director, to discuss the possible uses of CST in the areas of continued competence and discipline.

7. Developed questionnaire regarding individual nurse's approaches to maintaining continued competence for distribution at 1992 Delegate Assembly.

8. Met with Tom Abrams, attorney with Vedder, Price, Kaufman & Kammholz, to discuss the requirements of the Americans with Disabilities Act and the implications for nursing practice.

9. Reviewed and approved a planned survey regarding disabled examination candidates and licensed nurses.

10. Reviewed Arizona State Board of Nursing survey data regarding HIV testing issues; developed a survey instrument regarding additional HIV/HVB/AIDS issues and will publish the survey results in the National Council's *Newsletter*.

11. Met with Melanie Neal, Nursing Information System (NIS) Project Manager, to receive information regarding the project and to discuss the ability of the Disciplinary Data Bank to access NIS data, particularly regarding all states in which a nurse is licensed.

12. Continued to review information relating to the National Council's Disciplinary Data Bank and make recommendations to staff regarding the conversion of the database and its outputs.

13. Identified topics and articles for inclusion in the nursing practice and education edition of *Issues*, which will be published this summer.

Committee Members

Tom Neumann, WI, Area II, *Chair*
Nancy Cook, NC, Area III *(August 1991 to February 1, 1992)*
Tina Delapp, AK, Area I
Julia Gould, GA-RN, Area III
Barbara Hatcher, DC, Area IV
Sr. Teresa Harris, NJ, Area IV
Betty Hunt, NC, Area III *(March 1991 to present)*

Board Liaison

Judie Ritter

Staff

Vickie R. Sheets, *Director for Public Policy, Nursing Practice and Education*

Attachment A

Entry into Practice Report

In 1986, the Delegate Assembly of the National Council of State Boards of Nursing, Inc., directed the Nursing Practice and Education Committee to prepare a yearly update report on entry into practice to the Delegate Assembly. In the winter of 1988, the committee circulated the extensive questionnaire developed in 1986 by the Entry into Practice Report Committee (as revised in 1987 by the Nursing Practice and Education Committee) and requested Member Boards to update the information if changes had occurred since 1987. The 1988 Delegate Assembly further directed that entry into practice data be collected as a routine part of the National Council data collection for yearly review by the Nursing Practice and Education Committee.

Results

Fifty-nine Member Boards responded to the entry into practice update questionnaire and reported the following results:

- Twenty-four Member Boards of the 59 responding have taken a formal position on entry. No states reported taking a formal position since the update report presented to the 1991 Delegate Assembly.
- No Member Boards reported new activity relative to independent or collaborative activity to study or implement the profession's goal of two levels of nursing education with two new titles and distinct scopes of practice.
- Thirty Member Boards reported the authority to implement changes to educational requirements for entry into nursing.

See Table I and Table II

Table I. Member Boards with Entry into Practice Positions.

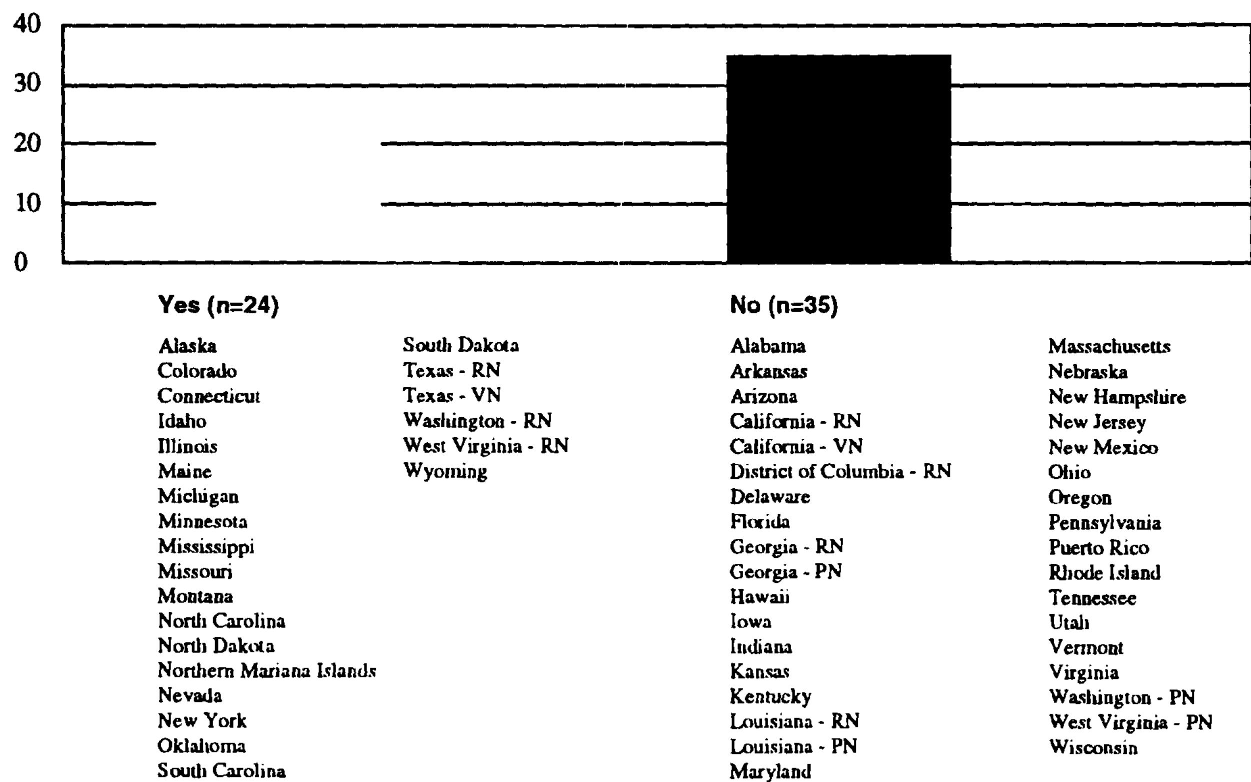


TABLE II. MEMBER BOARD RESPONSE TO ENTRY INTO PRACTICE QUESTIONS ON 1992 MEMBER BOARD SURVEY

State	Has Board adopted a formal position?	Position taken	Date position was taken	Is Board considering taking a formal position?	Is Board against taking a formal position?	Board has statutory authority to implement changes in educ. requirements?
AK	YES	2 LEVELS OF ENTRY: TECHNICAL NURSE WITH ADN AND PROFESSIONAL NURSE WITH BSN	11/01/87	YES	NO	YES
AL	NO			NO	YES	NO
AR	NO			NO	NO	NO
AS						
AZ	NO			NO	YES	YES
CARN	NO			NO	NO	NO
CAVN	NO			NO	NO	NO
CM	YES	ADN AS MINIMUM ENTRY INTO PRACTICE REQUIREMENT, BUT NOT BSN FOR REASON THAT OUR ISLAND HAS NOT BEEN ABLE TO MEET THE DEMAND FOR RNs (EVEN ADN RNs)		YES	NO	YES
CO	YES	NO POSITION	01/01/89			UNKNOWN
CT	YES	SUPPORT ALL LEVELS	11/16/88	NO	NO	NO
DC	NO			NO	NO	YES
DE	NO			NO	YES	YES
FL	NO			NO	NO	YES
GAPN	NO			YES	NO	YES
GARN	NO			NO	YES	YES
HI	NO			YES	NO	YES
IA	NO			NO	NO	NO
ID	YES	BOARD'S POSITION IS CONSISTENT WITH THE POSITION OF THE ICCNE THAT WAS TAKEN IN 1975	08/01/85	DNA	DNA	YES
IL	YES	NEUTRALITY	01/01/87	DNA	DNA	NO
IN	NO			NO	NO	NO
KS	NO			NO	NO	NO
KY	NO			NO	YES	NO

TABLE II. MEMBER BOARD RESPONSE TO ENTRY INTO PRACTICE QUESTIONS ON 1992 MEMBER BOARD SURVEY

State	Has Board adopted a formal position?	Position taken	Date position was taken	Is Board considering taking a formal position?	Is Board against taking a formal position?	Board has statutory authority to implement changes in educ. requirements?
LAPN	NO			NO	YES	YES
LARN	NO			NO	NO	YES
MA	NO			NO	YES	YES
MD	NO			NO	YES	YES
ME	YES	SUPPORTING ANA PROPOSAL	08/01/85			NO
MI	YES	THE BOARD HAS ADOPTED A POSITION STATEMENT ON THEIR VIEW OF E.I.P. NOT ON INITIATING LEGISLATIVE CHANGE. "THE BOARD SUPPORTS A MODIFICATION OF THE LICENSURE STRUCTURE FOR RNs TO DIFFERENTIATE THE LEVELS OF EDUCATIONAL PREPARATION FOR E.I.P.	03/01/88	DNA	DNA	NO
MN	YES	NEUTRALITY	02/03/84	DNA	DNA	NO
MO	YES	NEUTRALITY	01/01/85			YES
MS	YES	NEUTRALITY SUPPORT THE ADN AND BSN AS MINIMUM REQUIREMENTS FOR ENTRY	11/12/86			NO
MT	YES	NEUTRALITY	02/01/85	DNA	DNA	NO
NC	YES	NEUTRALITY	05/01/86			NO
ND	YES	AD-LPN, BSN-RN MINIMUM REQUIREMENTS ALREADY IMPLEMENTED	01/01/87			YES
NE	NO			NO	NO	NO
NH	NO			NO	NO	YES
NJ	NO			YES	NO	YES
NM	NO			NO	YES	YES
NV	YES		09/18/86			YES
NY	YES	SUPPORT ENTRY	01/10/86	DNA	DNA	NO
OH	NO			NO	NO	YES
OK	YES		01/01/87	DNA	DNA	NO

TABLE II. MEMBER BOARD RESPONSE TO ENTRY INTO PRACTICE QUESTIONS ON 1992 MEMBER BOARD SURVEY

State	Has Board adopted a formal position?	Position taken	Date position was taken	Is Board considering taking a formal position?	Is Board against taking a formal position?	Board has statutory authority to implement changes in educ. requirements?
OR	NO			YES	DNA	NO
PA	NO			NO	YES	NO
PR	NO	COMMONWEALTH ALREADY HAS SEPARATE TEST FOR BSN, AD NURSE AND LP NURSE		NO	NO	NO
RI	NO			YES	NO	YES
SC	YES	ACCEPTED A MASTER PLAN CALLING FOR 2 LEVELS OF NURSING - ADN, BSN BY 1995	01/01/87	NO	NO	YES
SD	YES	SUPPORT THE ADN AND BSN AS MINIMAL REQUIREMENTS FOR ENTRY INTO PRACTICE	07/01/84			YES
TN	NO			NO	NO	YES
TXRN	YES	LIST OF BELIEFS THAT GIVE GUIDANCE IN ACTIONS SHOULD LEGISLATION AFFECTING THE TITLING AND OR LICENSURE OF RNs (PRESENT OR FUTURE).	01/01/89			NO
TXVN	YES	POSITION OF NEUTRALITY	05/01/87	DNA	DNA	NO
UT	NO			NO	NO	NO
VA	NO			NO	NO	NO
VT	NO			NO	YES	NO
WAPN	NO			NO	YES	YES
WARN	YES	NEUTRALITY	01/01/85			YES
WI	NO			NO	YES	YES
WVPN	NO			NO	NO	NO
WVRN	YES	SUPPORT BSN FOR ENTRY INTO PRACTICE	01/01/84			YES
WY	YES	NEUTRALITY	11/01/86			YES

Attachment B

Continued Competence Update Report

In 1986, the Delegate Assembly of the National Council of State Boards of Nursing, Inc., directed Nursing Practice and Education Committee to monitor the use of Continued Competence Mechanisms by boards of nursing and to present a yearly update report to the Delegate Assembly. The 1987 Delegate Assembly further directed the Nursing Practice and Education Committee to monitor the inclusion, into Nursing Practice Acts, of the requirement of peer review as a mechanism for measuring continued competence. Subsequently, the 1988 Delegate Assembly directed that information about continued competence mechanisms be collected as a routine part of National Council data collection for yearly review by the Nursing Practice and Education Committee.

Results of Data Collected 1992

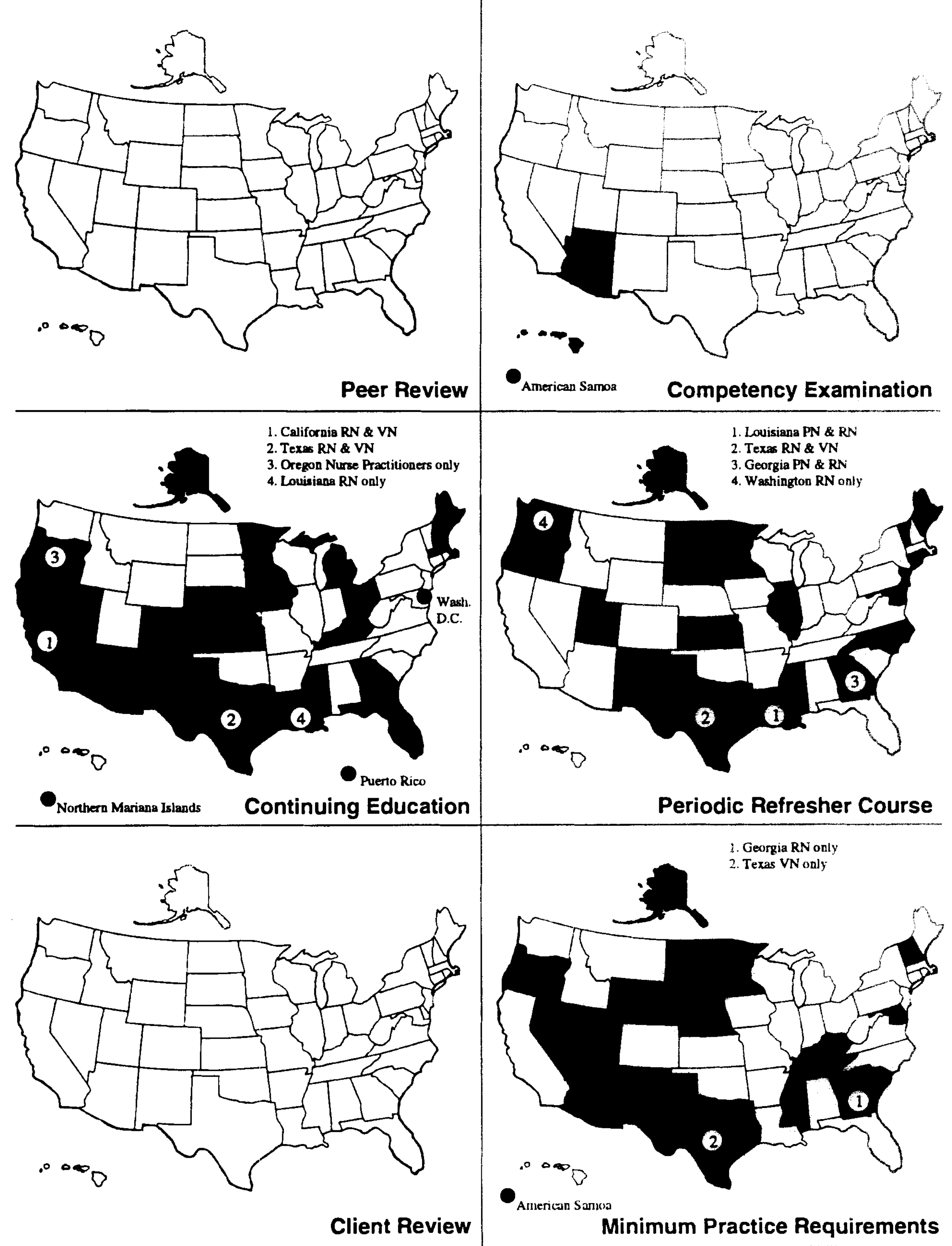
Sixty Member Boards responded to the questionnaire. The tabulated data resulted in the following:

- No Member Boards reported the use of peer review or client review;
- Twenty-seven Member Boards reported the use of continuing education mechanisms;
- Twenty-four Member Boards reported the use of periodic refresher courses, with various conditions, for reentry into active practice after a prolonged absence from practice;
- Three Member Boards reported the use of a competency examination; and
- Twenty-one Member Boards reported the used of a minimum practice requirement for renewal of license.

The three most often used mechanisms are still continuing education, refresher courses, and a practice requirement.

See Table III.

Table III. Continued Competency Mechanisms



Attachment C

Summary of Responses Regarding Nursing's Agenda for Health Care Reform

Nursing's Agenda for Health Care Reform (Agenda) has been a collaborative effort of several major nursing organizations. The Agenda calls for a "core of care" to be available to everyone, financed through an integration of public and private plans and sources. The Agenda calls for planned change, identifies steps toward reducing health care costs and the use of case management as well as insurance reforms. Access to care would be guaranteed, and emphasis is placed on delivery of primary health care in community-based settings. A consumer focus fosters individual responsibility for personal health, self-care and informed decision-making in selecting health care services.

In July 1991, Member Boards were mailed a copy of the Agenda and asked to review it for regulatory implications, in the event that the Agenda is implemented. Boards were asked to consider potential implications in the areas listed below, and to indicate whether it was anticipated whether or not their board would support the Agenda. Thirty-three Member Boards submitted feedback forms.

Responses Regarding the Regulatory Implications of the Major Agenda Concepts

Key:
No/Yes - Indicates number of boards identifying regulatory impact for the particular concept.
YRI - Rank order of concepts by boards which indicated YES for Regulatory Implications
NRI - Rank order of concepts by boards which indicated NO for Regulatory Implications
Areas of Concern for Regulatory Impact
SOP - Scope of Nursing Practice
IND - Independent Nursing Practice
ADV - Advanced Nursing Practice
DIS - Discipline
BWL - Board Workload
OTH - Other Concerns

Response to Major Concepts

Delivery of primary health services to households and individuals in convenient familiar places

No - 9 Yes - 21
NRI - #9 YRI - #2
Order of concerns:
SOP - 18
IND - 17
ADV - 15
BWL - 11
DIS - 9
OTH - 2

Consumer focus

No 16 Yes - 14
NRI - #4 YRI - #5
Order of concerns:
DIS - 7
BWL - 7
IND - 4
SOP - 3
ADV - 3
OTH - 1

Shift emphasis from illness/cure to wellness/care

No - 19 Yes 10
NRI - #2 YRI - #7
Order of concerns: IND - 9
SOP - 8
ADV - 7
DIS - 3
BWL - 3
OTH - 1

Universal access to care by a range of qualified health professionals

No - 18 Yes - 10
NRI - #3 YRI - #7
Order of concerns: IND - 6
ADV - 5
SOP - 4
OTH - 4
DIS - 2
BWL - 2

Direct third party reimbursement (to nurses)

No - 15 Yes - 15
NRI - #5 YRI - #4
Order of concerns: ADV - 13
IND - 8
OTH - 4
SOP - 3
DIS - 3
BWL - 1

Decentralized delivery system

No - 13 Yes - 17
NRI - #7 YRI - #3
Order of concerns: SOP - 11
IND - 9
DIS - 9
BWL - 7
ADV - 6
OTH - 1

Emphasis on health promotion activities

No - 21 Yes - 9
NRI - #1 YRI - #8
Order of concerns: SOP - 7
BWL - 6
IND - 5
ADV - 3
DIS - 1
OTH - 1

Increased access to care by a range of qualified health professionals

No - 11 Yes - 17
NRI - #8 YRI - #3
Order of concerns: ADV - 12
SOP - 11
IND - 10
BWL - 8
DIS - 6
OTH - 2

Development of multidisciplinary clinical practice guidelines

No - 6 Yes - 23
NRI - #10 YRI - #1
Order of concerns: SOP - 18
ADV - 14
BWL - 13
IND - 10
DIS - 8
OTH - 3

Establishment of state/local review bodies to determine resource allocation, cost reduction approaches, allowable insurance premiums and fair/consistent provider reimbursement

No - 15 Yes - 13
NRI - #5 YRI - #6
Order of concerns: BWL - 5
SOP - 4
OTH - 4
ADV - 3
IND - 2
DIS - 1

Case management link financing of health care to the delivery of services (nurse as one of variety of case managers)

No - 21 Yes - 15
NRI - #6 YRI - #4
Order of concerns: SOP - 11
IND - 9
ADV - 9
BWL - 8
DIS - 6
OTH - 1

Responses regarding anticipated board support for the Agenda

Yes - 17 (includes one "yes in concept")
No - 4
Undecided or no response - 12

Comments

One board described the Agenda as a major step forward for nursing. Another board respondent noted that it is positive that nursing is being proactive. One board stated the need for reform and for assuring the role of nursing. Another commented that any health care reform would involve the utilization of licensed nurses, therefore, impact regulatory agencies. One board indicated that its broad definition of nursing already allowed the activities described, but saw a need for the board to preserve and enhance delivery of primary care. The strong consumer emphasis was supported by one

board. While two boards noted that more explanation was needed, another commented "it is so broad, who wouldn't support it?"

One respondent described the Agenda as very theoretical, making it difficult to attempt to measure potential regulatory impact.

Several boards noted that the Agenda does not directly pertain to regulation, that it is more in the arena of professional associations. One respondent noted that, while supporting the Agenda personally, she did not believe it was the board's role to support. Another board, noting that the Agenda does not fall in the regulatory role, defined the regulatory role as monitoring the progress of implementation and being prepared to make any needed changes.

Analysis

The response of the Member Boards to the survey was mixed. The response rate for returning the feedback form was lower than most National Council surveys (n = 33, or 53%). Seventeen boards indicated that support for the agenda was anticipated (51% of respondents). Only four boards indicated they did not anticipate support (12% of sample), however, a significant number of boards either did not respond to the question, indicated they could not predict, or stated flatly that it was not in the regulatory role (33% of sample).

Interestingly, many of those who supported the document did not identify regulatory implications of the Agenda, while those who did not support identified potential regulatory implications. Concepts relating to access of health care were the highest ranked for regulatory implications. Respondents noted scope of practice, independent practice and advanced practice as the areas which would be affected.

National Council Committees Responses

Bylaws Committee

No direct effect on Bylaws Committee work. There is always the possibility for new or changed National Council activities requiring amendment to the bylaws.

Finance Committee

Each of the structural units [within the National Council] would need to identify the impact [of *Nursing's Agenda for Health Care Reform*] and resulting activities for each of them. They would then need to determine any additional budget requests or adjustments. After this has been done by all of the committee and other structural units, the Finance Committee would review the fiscal requests and make recommendations to the Board of Directors.

Foreign Educated Nursing Credentialing Committee

No direct impact on the committee's current charges; however, an indirect impact was identified. The proposed *Nursing's Agenda for Health Care Reform* would directly impact on the philosophy of nursing education with resulting changes in nursing education. Changes in nursing education would ultimately affect the evaluation of foreign educated nurses. Regulatory implications discussed by members included changes in the focus of the test plan, changes in the philosophy of nursing education, and changes in regulatory policy with a resulting refocusing of policy and regulation to meet societal needs.

Long Range Planning Committee

The Agenda would affect the Long Range Planning Committee only as it influences trends that affect Member Boards, causing the committee to evaluate the goals, objectives and mission of the National Council. The committee does not anticipate supporting the Agenda; this is not within the scope of the committee.

Committee on Nominations

As for impact on the Committee on Nominations, I see the Agenda having a positive effect on the profession as a whole, which could result in an increased involvement of qualified nurses with the boards of nursing, resulting in an expanded pool of qualified candidates available for nomination to the National Council Board of Directors and committees.

Subcommittee to Study the Regulations of Advanced Nursing Practice

Almost everything in the Agenda impacts advanced practice. As roles and numbers increase, the work of boards of nursing will increase. The National Council and its Member Boards should be concerned with the Agenda to the extent that it may impact aspects of the health, safety and welfare of the citizens. The role of the National Council should be to monitor the progress of the Agenda and to keep Member Boards informed, but not to take a position in relation to the Agenda.

Nurse Information System (NIS) Committee

The Agenda, with its central concepts of increased access to basic care delivered as primary health services by a range of qualified health care professionals, is an innovative concept that will most probably restructure both the American health care system and the nursing profession as we know it. How can nursing advocate this reform without current, accurate data on available "nursepower"? The mission of the NIS Committee to determine an unduplicated count of American nurses becomes pivotal. The NIS Committee is the one National Council group critical to determining the feasibility of the Agenda. To date, there is no comprehensive database that provides information about the number distribution, educational level and practice qualifications of licensed nurses. The NIS will accomplish this, while helping to forecast the areas of need for educational program planning.

Nursing Practice and Education (NP&E) Committee

NP&E members believe that the Agenda has great potential for affecting the issues that this committee addresses, and that NP&E might become involved in developing guidelines to assist boards with dealing with regulatory implications of the Agenda. The committee discussed the potential impact on discipline, indicating that increased autonomy in community settings would make it harder to define and identify incompetence. Increasingly, consumers would be the reporters and they would need to be aware of the regulatory resources to assist them. The possibility of a second level exam was discussed, and the need to educate the public and other health care workers that "a nurse is a nurse is a nurse" is not valid. Boards and employers need to deal consistently with clear definitions and guidelines. Emphasis on cognitively based teaching, prioritizing and referral skills are needed as well as technical skills. The committee also discussed scope of practice and concern regarding delegation issues. Are there adequate numbers to provide access to all? What are the implications when there are not (e.g., school nurse situations where nurse-student ratio impossible)? Without adequate numbers of competent nurses, abuse of delegation occurs. Nursing education needs to include delegation in basic education and continuing education. Access to health care will be promoted through increased utilization of advanced nursing practice.

Survey of Nursing Organizations

Nursing organizations were asked to respond to a survey regarding the potential regulatory implications of four major topics reflected in *Nursing's Agenda for Health Care Reform*. Those topics were scope of practice, independent nursing practice, advanced nursing practice, and discipline. There was not a high response rate among the nursing organizations. Nine national nursing organizations responded. Seven of them are listed as having endorsed the Agenda. They are the American Association of Colleges of Nursing, the American Association of Occupation Health Nurses, the American Nephrology Nurses Association, the American Psychiatric Nurses Association, the Dermatology Nurses Association, the National Association of School Nurses, Inc., and the Oncology Nursing Society. Other respondents were the American Organization of Nurse Executives and the Association of Operating Room Nurses. Ten state nursing associations (Connecticut, Kentucky, Maine, Massachusetts, Michigan, Minnesota, Pennsylvania, South Carolina, Virginia, and Wyoming,) responded. Many groups identified advanced practice, with prescriptive and reimbursement issues, as an area with regulatory impact. Fewer discussed scope of practice, independent nursing practice and discipline.

Summary of Survey Responses

1. Comments regarding Scope of Nursing Practice
   - While one organization noted that nothing is proposed in the Agenda that goes beyond the current scope of nursing practice, others noted that practice scopes would need to be expanded with advanced nursing practice roles. One group noted that state regulation needs to reflect accurate practice roles.

2. Comments regarding Independent Nursing Practice
   - Promoting access to alternative means of health care would increase the independent role of nursing, especially with care delivered outside traditional institutional settings. Areas would include client education, preventive care, case management and client advocacy. Independent nursing practice would be encouraged by the Agenda and reflected in self-owned businesses, consultants, clinical specialists and nurse practitioners.

3. Comments regarding Advanced Nursing Practice
   - The variation of state requirements was frequently noted, as was the need for specific requirements outlining education and certification requirements. Definitions need clarification. The anticipated increased demand for advanced practice will require development of new programs. Prescriptive authority is needed, as direct third party reimbursement. The important role of advanced nursing practice in primary care was noted.

4. Comments regarding Discipline
   - Several respondents were not sure whether discipline was meant as a profession or as enforcement. Potential legal challenges were noted by those who addressed enforcement. The independent role was noted to have a potential for increasing complaints, making it difficult to identify impaired nurses. An increased opportunity for complaint was also noted, if scopes are not clearly defined. One respondent observed that boards of nursing need to understand fully advanced and independent roles.

5. Comments on Other Identified Issues
   - A variety of other ideas and issues were shared by the respondents. They include: reimbursement, delegation, continued competence, hospital privileges, patient confidentiality, certification issues, medical malpractice reform, patient rights, the need to identify new advanced nursing roles (e.g., RN as first surgical assistant), definitions of psychotherapy, accountability, documentation, the need for research and demonstration projects for case management in community settings, interstate mobility (consistency and reciprocity in requirements), the need to identify standards of care to guide in case management, educational adaptation, and the NCLEX reflecting education/practice changes.

   - One respondent observed that boards need to protect the consumer. Another noted probable need for legislative activity. The need for creative responses to promote creative nursing practice was stated.

Attachment D

American Nurses' Association
National Council of State Boards of Nursing
National Federation of Licensed Practical Nurses, Inc.

Joint Statement on Maintaining Professional and Legal Standards During a Shortage of Nursing Personnel

Summary

The focus of this statement is to clarify the role of the regulatory mechanisms provided internally by the profession, and those provided externally by the state to assure public access to high quality nursing services. Further, the statement addresses the regulatory implications for nursing in labor market situations involving increased demands for nursing services and a resulting shortage of licensed nurses.

I. Introduction

During a time of a shortage of professional health care workers, such as registered nurses and licensed practical/vocational nurses, there is a predictable trend to deregulate and substitute lesser prepared persons. Because of the nursing shortage recently experienced in the United States, the American Nurses' Association (ANA), the National Council of State Boards of Nursing (NCSBN), and the National Federation of Licensed Practical Nurses, Inc., (NFLPN) believe it is in the best interest of the profession and the public to issue a joint statement concerning nursing shortage as it affects the regulation and maintenance of quality nursing services. The nursing profession has traditionally accepted responsibility to assure that safe and accessible health care is available to the public at all times including times of a shortage of nurses. The profession continues to accept such responsibility; and also recognizes the need to identify strategies to promote the availability of the best possible nursing care during these critical times.

II. Market Forces and Nursing Services

In the labor market for nursing services, the interplay of supply and demand and other market factors influence professional and regulatory initiatives. Labor shortages often lead to efforts to expand the labor force in an expedient amount of time. These efforts include raising wages in response to market forces, temporarily substituting lesser prepared individuals for those in short supply, and removing or reducing barriers to entry into the marketplace.

In many instances, these mechanisms are sufficient to achieve an equilibrium between the forces of supply and demand. Such mechanisms are both effective and desirable when "free market" assumptions have been satisfied, or are approximated. While few markets are perfect, the majority function well enough to provide satisfactory outcomes to both consumers and producers.

These mechanisms are much less effective when markets are imperfect. Although economists argue about the effectiveness with which the health care markets function, most agree that regulatory mechanisms are needed to compensate for market imperfections. Typically, these include the governmental regulation of health care practitioners.

Strategies to influence market outcomes vary depending on economic, social and political factors. The complexity of the labor market for nursing services requires careful analysis of market processes. Actions intended to have one result may, in fact, turn out to have other, sometimes unexpected or undesirable, outcomes. Because of the complexity of the labor market, including the influence of consumer expectations, public policy proposals that focus only on selected regulatory issues without a thorough assessment of the entire regulatory process and its effects may not operate as intended.

Strategies that focus exclusively on the supply side of the market will usually be of limited effectiveness and may have undesirable consequences. For example, reduced educational requirements for licensure may produce a graduate not well prepared to enter the work force. Inadequate preparation may lead employers not to hire these individuals because they do not want to absorb the cost of additional on-the-job training. Inadequate preparation may also result in an unacceptable quality of care. Thus, the increased supply may not have the intended effect on hospital nursing employment levels. Similar problems may be associated with strategies to increase the supply of more foreign-source nursing personnel by reducing the requirements for licensure in this country among nurses who received their basic nursing education in other countries.

Policy interventions aimed at reducing demand by increasing the scope of delegable activities are generally two-fold in nature. First, there may be attempts to transfer direct care functions that traditionally require the services of licensed personnel to unlicensed personnel. In service professions such as nursing, unlicensed workers are more readily available and less costly. A second strategy is the development of new categories of care givers, who may either be under the supervision of licensed nurses or who may function independently. Historically, this proliferation has led to overspecialization which adds costs to the regulatory process and by definition, does not address total patient concerns.

III. Regulatory Implications

Several regulatory implications of the current nursing shortage exist. First, state boards of nursing have been pressured to reduce the requirements for entry into the profession by decreasing the passing standard of the licensing examination and/or waiving requirements for licensure, particularly for foreign graduates. Such pressures concern the regulatory and professional nursing communities because the public may be adversely affected by the licensing of individuals who fail to meet the requirements of minimal competence regardless of the supply of and demand for licensed nurses.

Second, other regulatory entities have been pressured to lower agency staffing standards, for instance by allowing emergency medical technicians to function in the emergency room without registered nurse supervision or by substituting unlicensed personnel for licensed nurses. These unlicensed persons have not completed nursing education programs, or met other licensing requirements. In many instances, substitution of unlicensed personnel for licensed nurses clearly violates state nurse practice acts. At the very least, it "is not in the interest of the health, safety, and welfare of the public" (Statement on "Nursing Activities of Unlicensed Personnel," Delegate Assembly of the National Council of State Boards of Nursing, 1987).

A third implication is the creation of additional categories of health care personnel. An unwarranted proliferation of providers serves to confuse the consumers of health care who must be able to discern the roles and responsibilities of the various providers if they are to evaluate the care that they receive. The confusion that results from role blurring among providers greatly concerns the professional and regulatory communities in that such confusion may diminish professional accountability and regulatory enforcement of legal standards.

While there has been pressure from some sources to reduce the legal standards of nursing practice, others argue that the need for regulation has never been greater because the nursing shortage and other unrelated economic pressures increase the likelihood that unsafe and ineffective nursing practice will result through personnel substitution, employment of impostors, or inappropriate work assignment.

Many argue that the need for consumer protection from unsafe and ineffective care is heightened during periods in which there is an inadequate supply of health care personnel. Consumer groups are becoming increasingly concerned about quality assurance as evidenced by their demands for more regulatory safeguards and greater professional accountability. Examples of quality assurance mechanisms that were recently developed despite

existing personnel shortages include the federal government's National Practitioner Data Bank and the training and competency evaluation requirement for nurse aides employed in nursing home settings.

IV. Professional and Legal Accountability for Nursing Practice

Many professions are regulated internally through the voluntary participation of members in professional regulation or through self regulation. Other professions have also traditionally sought external, legal regulation, through mandatory licensure to assure minimum competency for practice, thereby protecting the public from unqualified practitioners.

The professional society also assumes responsibility to protect the public from unsafe, illegal, and unethical practice. Further, the profession has the responsibility of providing for the educational preparation of their members and for developing mechanisms to ensure the quality of their practice. Professional regulation takes place through the establishment of a scope of nursing practice sustained by a system of education, research and services. This process is demonstrated in the profession's expression of a code of ethics, standard and guidelines for practice, a peer review system and a system of credentialing.

Both regulatory authorities and professional nursing organizations must elevate such regulatory initiatives in a climate of strong incentives to reduce the cost of health care. These initiatives that propose added responsibilities and concurrent public accountability must be balanced with proposals seeking to reduce educational requirements and delegate increased technical and functional roles to unlicensed personnel. The profession must carefully evaluate all regulatory proposals to determine their comprehensive effect on the public's access to safe, quality, nursing services. The danger seems clear that reduced preparation for professional practice and a failure to maintain standards of practice by excessive delegation of nursing roles and function could lead to a lack of public confidence.

The state boards of nursing that regulate the practice of nursing, share one overriding concern: the protection of the public health, safety, and welfare. As agents of state government, boards of nursing are empowered to regulate activities related to nursing education, licensure and practice within their respective jurisdictions to meet the states' constitutional obligations of protecting their citizens.

In summary, the current nursing shortage has resulted in various economic and political situations which adversely impact the public health, safety and welfare. For this reason, the professional and regulatory communities strongly oppose the implementation of those expedient solutions that lead to the inefficient and unsafe delivery of nursing care. Specifically, the American Nurses' Association, the National Federation of Licensed Practical Nurses, Inc., and the National Council of State Boards of Nursing join to oppose: the delivery of nursing care by non-nursing personnel who are not under the supervision of a licensed nurse; the substitution of licensed nurses with unlicensed personnel; the unnecessary creation of new categories of health care personnel as well as other efforts that serve to fragment care; the lowering of established legal standards designed to prohibit the licensure of persons who have not demonstrated competence to practice nursing; and the lowering of professional nursing standards that exist to ensure accountability of nurses for safe and effective nursing practice.

The American Nurses' Association, the National Federation of Licensed Practical Nurses, Inc., and the National Council of State Boards of Nursing strongly support solutions to the nursing shortage that maintain and expand the efficient utilization and employment of existing licensed nurses. These organizations support registered and practical/vocational nursing education and registered and practical/vocational nursing licensure. Coordinated efforts to promote nursing and to ensure an adequate supply of nurses in the future will serve both the public and nursing's best interests.

The professional and regulatory nursing communities also renew their respective pledges to uphold existing professional and legal standards. Because the purpose of these standards is to protect the consumer of nursing services from unsafe and ineffective care, it is imperative that these standards and regulations be upheld and enforced at all times regardless of supply and demand issues. When ancillary personnel are use to assist in delivery of nursing care, it is imperative, from both professional and regulatory perspectives, that such personnel be educated by and directly responsible to licensed nurses.

For these reasons, professional nursing will continue to: (1) closely monitor and address quality of care concerns through organizational and educational channels, and (2) promptly report violations of nurse practice acts to the state boards of nursing. State boards of nursing will continue to: (1) promulgate and enforce rules and regulations that protect the public from unsafe and ineffective nursing practice and (2) take corrective action against those individuals whose activities violate the respective state nurse practice acts. The American Nurses' Association, the National Federation of Licensed Practical Nurses, Inc., and the National Council of State Boards of Nursing believe that such activities, which require a cooperative spirit between those who practice nursing and those who regulate it, are needed to maintain the public's trust, health, safety, and welfare during the current nursing shortage.

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Report of the Subcommittee to Study the Regulation of Advanced Nursing Practice

Recommendations
The Subcommittee to Study the Regulation of Advanced Nursing Practice recommends that the Delegate Assembly adopt the following:

1. Position Paper on the Licensure of Advanced Nursing Practice (Attachment A)

2. Model Legislative Language for Advanced Nursing Practice (Attachment B)

Meeting Dates
The subcommittee met three times: October 24-26, 1991; January 9-11, 1992; and March 5-7, 1992. The subcommittee also held a telephone conference call on May 12, 1992.

Background
The 1986 Delegate Assembly adopted a position paper on Advanced Clinical Nursing Practice. Since then, economic, legislative and policy changes affecting health care in the United States have increased interest in alternative approaches to health care. The issues regarding the regulation of advanced nursing practice were identified as providing an area of opportunity for the National Council in the next decade by participants in the 1990 Fall Planning Retreat. The Subcommittee to Study the Regulation of Advanced Nursing Practice was appointed to assess the current status of advanced nursing practice, to analyze data and make recommendations, and to develop models for the regulation of advanced nursing practice.

Activities
The subcommittee continued its analysis of the data collected in its first year and developed a position paper which recommends licensure for advanced nursing practice roles. The subcommittee also developed model legislative language for advanced nursing practice that could be added to the National Council *Model Nursing Practice Act.*

In accordance with its belief in promoting communication both within and outside the National Council, the subcommittee shared early drafts of its work with Member Boards, the representatives of the organizations invited to the 1991 Leadership Roundtable for Advanced Nursing Practice (American Nurses Credentialing Center; the Council on Certification of Nurse Anesthetists; the National Certification Board of Pediatric Nurse Practitioners and Nurses; the National Certification Corporation for the Obstetric, Gynecologic and Neonatal Nursing Specialties; and the ACNM Certification Council, Inc.), and other interested nursing organizations. The subcommittee carefully considered the feedback it received on the draft documents and incorporated these ideas whenever possible. The subcommittee believes that the exchange of ideas assisted greatly in the development of the subcommittee's work and hopes that continued interaction with other organizations will promote the acceptance of that work in the nursing community.

Future National Council Activities Related to Advanced Nursing Practice
1. Develop Model Rule language for advanced nursing practice.

2. Review and update the *Model Nursing Practice Act* and *Model Nursing Administrative Rules* (last revision 1988), to include the advanced practice language.

3. Review and update the Advanced Nursing Practice Position Paper and Models (at least every five years).

4. Assist Member Boards in evaluating professional certification requirements and examinations, to determine if the examinations are developed psychometrically to serve as a sound basis for regulation and are legally defensible for use in the regulation of advanced nursing practice.

5. If existing examinations do not meet all criteria for legal defensibility:

   a. work with certifying organizations to promote the meeting of these criteria; and, if needed,

   b. give consideration to other means for providing Member Boards with examinations which would provide a sound basis for licensure of advanced nursing practice categories.

6. Continue the liaison relationship with the advanced nursing practice professional certifying organizations in order to provide current information regarding their credentialing processes and guidance to Member Boards in using these credentials.

Committee Members

Corinne Dorsey, VA, Area III, *Chair*
Iva Boardman, DE, Area IV
Judy Colligan, OR, Area I
Perlilure Jackson, MI, Area II
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Attachment A

National Council of State Boards of Nursing Position Paper on the Licensure of Advanced Nursing Practice

Purpose

The National Council of State Boards of Nursing proposes this position paper to provide guidance to Member Boards in the licensure of advanced nursing practice. This paper explores the previous position taken by the National Council and the changes in health care, nursing and society which stimulated review of that position. A definition of the advanced practice of nursing is presented, followed by an examination of methods of regulation and a description of considerations basic to the selection of a method of regulation. Nurses considered to be practicing in advanced nursing roles are nurse practitioners, nurse anesthetists, nurse midwives and clinical nurse specialists.

Background

In 1986, the National Council adopted a Position Paper on Advanced Clinical Nursing Practice. The paper addressed advanced nursing practice as a concept varying in interpretation and regulation, defined the educational preparation to be at least a masters degree in nursing and concluded that the preferable method of regulating advanced nursing was designation/recognition.

Many premises of the 1986 paper continue to be valid. However, the economic, legislative and policy changes affecting health care in the United States, including concerns regarding cost and access to care, have increased the interest in alternative approaches to health care. Medical diagnosis and the prescription of medication and other therapeutic measures have traditionally been considered the practice of medicine, subject to regulation solely by boards of medicine. There has been an increasing recognition of the overlap between medical practice and that of other providers such as nurse practitioners, nurse midwives, nurse anesthetists, clinical nurse specialists, and others. Regulation and regulatory authority must work to protect the public safety and welfare yet adapt to and foster these overlapping practices in the interest of cost-effective, accessible, and competent patient care.

The demand for nurses practicing in advanced roles with greater autonomy has increased. Federal regulations requiring statutory recognition of advanced nursing for third party reimbursement have been a catalyst in many jurisdictions for the regulation of advanced nursing practice. Member Boards have identified that the regulation of advanced nursing practice presents some of the most critical challenges faced by boards of nursing as they weigh their public protection responsibilities against other developments affecting regulation.

The evolution of nursing practice has produced an increasing body of knowledge as well as multiple levels of nursing practice. Regulatory systems to authorize advanced practice and professional certification to acknowledge achievement and excellence in practice have been developed. Professional certification and regulatory systems have resulted largely from the efforts of organized groups of nurses seeking professional and economic recognition, and clarification of the authority to practice. There is variety and a lack of consistency in regulatory systems and professional certification. Consequently, there is confusion for the public, legislators, regulators, nurses and other health care providers regarding titling, credentialing, scope of practice and reimbursement related to advanced nursing practice.

Professional nursing organizations have supported the recognition of advanced nursing practice through the mechanism of voluntary certification. At this writing, nurse practitioners, nurse anesthetists, nurse midwives and clinical nurse specialists are certified by the American Nurses Credentialing Center (ANCC); the Council on Certification of Nurse Anesthetists (CCNA); the National Certification Board of Pediatric Nurse Practitioners and Nurses; the NCC: National

Certification Corporation for the Obstetric, Gynecologic and Neonatal Nursing Specialties; and the ACNM Certification Council, Inc. These and other organizations also offer specialty certification in areas not considered advanced nursing practice as identified in this paper.

While different requirements for various areas of nursing may be acceptable for professional certification, inconsistency becomes problematic when attempts are made to apply professional certification requirements to regulatory systems. Inconsistency in the requirements for certification, including the level of education and practice, titling, and logistics, makes it difficult for boards to determine criteria broad enough to accommodate the variations yet specific enough to be effective. Certification examinations are constructed for the purpose of professional recognition and may not be appropriate for use in legal regulation. This raises several issues with respect to certification examinations. First, they may not be designed to measure ability for the purpose of regulation; that is, they may be calibrated to a higher or lower level of difficulty and a broader or narrower scope of subject matter than would otherwise be appropriate for regulation. Secondly, from a measurement perspective, they may not be constructed psychometrically in a manner appropriate for legal regulation.

Legal regulation is the responsibility of legislators and boards of nursing. The legislature in each jurisdiction enacts nursing practice legislation and boards of nursing are authorized to promulgate regulations to implement the nursing statutes in order to protect the public health, safety and welfare. Nursing practice statutes and administrative rules range from no provision addressing advanced nursing practice to entire chapters of statutes and detailed regulations. In a 1991 survey, 47 jurisdictions addressed advanced nursing in either nursing practice statutes, administrative rules, or both.

Premises

1. The purpose for any governmental regulation of nursing practice is the protection of the public health, safety and welfare. The criteria for regulation should reflect minimum requirements for safe and competent practice and should be the least burdensome criteria consistent with public protection.

2. Professional nursing standards as embodied in voluntary certification programs encompass more than essential criteria.

3. A clear and specific legislative mandate strengthens the Board's authority to promulgate rules relating to advanced nursing practice.

4. The public has a right to access to health care, and to make informed choices regarding selection of health care options through knowledge of the area of expertise, qualifications and credentials of individuals who provide health care.

Definition of the Advanced Practice of Nursing

The advanced practice of nursing by nurse practitioners, nurse anesthetists, nurse midwives and clinical nurse specialists, is based on the following:

a) knowledge and skills acquired in basic nursing education;

b) licensure as a registered nurse;

c) graduate degree and experience in the designated area of practice, which includes advanced nursing theory, substantial knowledge of physical and psychosocial assessment, appropriate interventions, and management of health care.

Skills and abilities essential for an advanced practice registered nurse within the designated area of practice include:

- assessing clients, synthesizing and analyzing data, and understanding and applying nursing principles at an advanced level;

- providing expert guidance and teaching;

- working effectively with clients, families and other members of the health care team;
- managing clients' physical and psycho-social health-illness status;
- conceptualizing and thinking in the abstract, including the identification of alternative possibilities as to the nature of a health care problem and the selection of appropriate treatment;
- making independent decisions in solving complex client care problems;
- performing acts of diagnosis and prescribing therapeutic measures consistent with the area of practice; and
- recognizing limits of knowledge and experience, planning for situations beyond expertise, and consulting with or referring clients to other health care providers as appropriate.

Each individual who practices nursing at an advanced level does so with substantial autonomy and independence requiring a high level of accountability. The scope of practice in each of the advanced roles of a nurse practitioner, nurse anesthetist, nurse midwife, or clinical nurse specialist is distinguishable from the others. While there is an overlapping of duties within these roles, there are activities which are unique to each role. For example, the grant of prescriptive authority should be specific to the practice area, e.g., a pediatric nurse practitioner is not responsible for prescribing medications for geriatric clients.

Methods of Regulation

Criteria to consider when selecting an appropriate level of regulation for professional practice include the risk of harm to the consumer; the specialized education, skills and abilities required for the professional practice; the level of autonomy; the scope of practice; economic impact; alternatives to regulation; and a determination of the least restrictive regulation consistent with the public safety.

The first level of regulation, and least restrictive approach, typically corresponds to designation/recognition. This alternative does not limit the right of any nurse to practice. It does provide the public with information about nurses with special credentials. Under this approach, nurses with state recognized credentials in an advanced nursing role could receive permission from the board of nursing to represent themselves with those credentials. This recognition of credentials by a board would not involve state inquiry into competence.

The second level of regulation typically corresponds to registration, and requires nurses to apply to have their names added to an official roster, maintained by the board, of individuals who provide advanced nursing practice. Registration does not involve state inquiry into competence and the scope of practice is not generally defined.

The third level of regulation corresponds to certification and may be thought of as title protection. Applicants for certification meet specified requirements, but certification does not include a defined scope of practice. The federal government has used the term "certification" to define the credentialing process by which a non-governmental agency or association recognizes the professional competence of an individual who has met the predetermined qualifications specified by that agency or association. Boards of nursing have also used the term "certification" to authorize advanced nursing practice, often using the professional association certification as a requirement for the governmental credentialing. Potential for confusion exists when this term is used by both professional organizations and regulatory boards.

The fourth, and most restrictive, level of regulation corresponds to licensure. An agency of government grants permission to persons meeting predetermined qualifications, to engage in a given profession, to the exclusion of others. Licensure is applied to a profession when the practice of that profession could cause a greater risk of harm to the public unless there is a high level of accountability, and when a unique scope of practice has been identified and associated with the profession. Statutes and regulations define the qualifications for licensure, define the scope of practice and limit the use of the title. Licensure provides that a specified scope of practice may only be performed legally by those individuals to whom the state has issued a license. Licensure is used as a regulatory method when the regulated activities are complex, require specialized knowledge and skill, great proficiency and independent decision-making.

Considerations in Selecting a Method of Regulation

Legal Implications

Since regulation may limit entry into advanced nursing practice, consideration must be given to possible legal challenges. Two possible areas of challenge would be infringement of constitutional rights and violations of antitrust laws.

Individuals have the right to pursue employment of their choosing. However, this individual right to seek employment must be balanced with the state responsibility to protect the health, safety and welfare of the public. Boards of nursing are advised to justify the relationship between the restrictions imposed by regulations and the public health, safety and welfare. Boards must give attention to assuring guarantees of procedural due process, such as notice and an opportunity to be heard, to protect against charges of proceeding with arbitrary, discriminatory or unreasonable regulations.

Increased regulation of a profession may have anticompetitive effects, such as reducing access to the field or creating an advantage in the employment market. These anticompetitive effects may violate the federal antitrust laws unless the regulation is expressly authorized and actively supervised by the state. In light of current judicial decisions in antitrust suits involving professions, boards should be aware that they will be less open to challenge on antitrust grounds if the regulation of advanced nursing practice is clearly mandated by statute, and if there is active oversight of the regulatory process by the licensing authority. Boards cannot cede regulatory authority to private entities.

Effects of Variability

Variability of systems used by states to regulate the advanced practice of nursing has resulted in problems of credentialing, practice and geographic mobility for licensees, and for boards in implementing an endorsement process. The variability of titles, education and scopes of advanced practice among jurisdictions creates confusion for consumers of care, legislators, regulators, nurses and other health care providers.

Costs and Benefits

The cost-benefit analysis of the method of regulation must consider the value of the service and the value of the protection, as well as potential risks in not regulating this level of complex professional activity. Individual licensees bear the cost of compliance with advanced nursing practice regulation, but costs are ultimately passed on to the consumer.

Effects of Statutes and Regulations by Other Administrative Agencies

Boards of nursing should be alert to statutes and regulations promulgated by other administrative agencies for implications on their own regulations, both during initial drafting and through ongoing review. Statutes supersede rules. Rules, consistent with statutes and legislative intent (where documented) have the force and effect of law.

Impact on Nursing Practice

The regulation of advanced nursing practice has potential for unduly limiting the practice of nurses who do not meet the specified requirements. Care should be taken in the drafting of regulations so that the practice of registered nurses is protected and the evolution of nursing practice at all levels is assured.

Discussion

The nursing profession has historically favored a credentialing model similar to physician specialization. Physicians are licensed to practice medicine without regard to specialty. Many physicians choose to seek professional recognition by obtaining certification from specialty boards which have been established by private professional organizations. These voluntary credentials are not required for medical practice, but evidence additional expertise. A similar model was promoted for nurses who are licensed to practice nursing without regard to specialty. Nursing organizations have made certification programs available and many registered nurses have sought this professional recognition. This model was reflected in the recommendation of the 1986 Position Paper in which the preferred method of regulation for advanced nursing practice was recognition/designation.

An identifiable and unique scope of practice is a key element of licensure. The scope of practice, as defined in state Nursing Practice Acts, is usually written in broad language and identifies boundaries of practice. Nurses in advanced roles, with additional education and experience, have moved beyond the traditional limits of nursing practice. Medical diagnosis and prescription of medications are good examples of acts that have been viewed as traditional medical acts or as overlapping areas of practice. Regardless of how these aspects of care are characterized, additional professional

education is necessary for a registered nurse to perform these functions. The core of skills and abilities described in this paper's definition of advanced nursing practice, plus the specific practice characteristics of each advanced nursing category create distinguishable scopes of practice for the advanced nursing practice roles.

The knowledge, skills and abilities identified in this paper as essential for safe and competent advanced nursing practice are beyond those attained by an individual prepared in a basic nursing education program preparing an individual for licensure as a registered nurse. Through graduate-level education, a nurse can further develop abstract and critical thinking, the ability to assess at an advanced level, as well as advanced nursing and other essential therapeutic skills. Educational preparation should encompass both generalized knowledge and the clinical component unique to the specific advanced nursing role. While this paper concludes that the advanced practice of nursing is based on graduate education with a major in nursing, it is recognized that a limited number of programs preparing nurse anesthetists and nurse midwives would meet this requirement. Boards of nursing should acknowledge and consider the current educational and health care environment by providing for phasing in educational requirements when developing regulations for the jurisdiction.

The costs of professional licensure must be weighed against the value of the service and the potential risks in not regulating the profession. The expenses for advanced nursing practice licensure borne by individual nurses include education, costs incurred meeting other licensure requirements, and licensure fees. Boards of nursing administrative expenses for the implementation and maintenance of advanced nursing practice licensure include rule development and promulgation, program development, personnel, equipment, and other resources. Advanced practice licensing fees could be used toward meeting those costs.

The public will benefit from licensure of advanced nursing practice roles. Advanced nursing practice provides an important health care alternative. However, performance of advanced nursing practice by unqualified individuals creates a high risk of harm to the public. The protection of the public health and welfare will be promoted through the identification of minimal essential qualifications for the advanced practice role, the inquiry as to whether an individual meets those qualifications and an objective forum for review of concerns regarding an individual's practice. Consumers should be informed regarding the qualifications of the various types of health care providers and what services they can legally provide. This type of consumer education facilitates a knowledgeable choice of health care services. Increased mobility of qualified practitioners will increase access to an important health care alternative with the public protection of licensure.

Nurses in advanced roles will benefit from having clear authority for their practice. Without clear authority for the advanced level at which they function, nurses in advanced roles may be practicing beyond the jurisdictional scope of nursing practice, or could be held accountable for practicing medicine without a license. Federal regulations defer to state authority regarding licensing, and typically require the state to authorize or license individuals for the level of services provided in order to allow direct reimbursement. Boards of nursing do not have direct responsibility for reimbursement issues. However, boards frequently are indirectly involved by requests to identify those nurses who have met the state requirements for advanced practice and assisting insurers and others in the interpretation of practice acts, to determine if specific acts fall within the authorized scope of practice. Nurses in advanced roles would also benefit from the title protection provided by licensure.

Failure to regulate advanced nursing practice creates potential risks for the public who are receiving these health care services. Without licensure, complex activities requiring a high level of specialized knowledge, skill, proficiency and independent decision-making may be performed by unqualified providers. Without licensure, professionals are not held legally accountable for their practice. Without licensure, the public does not have the benefit of an unbiased forum to resolve complaints regarding issues of safety and competence.

Licensing requirements define what is necessary for the majority of individuals to be able to practice the profession safely and validation that the licensure applicant has met those requirements. In any professional licensing system there are individuals who are outliers to the system parameters. Setting minimal educational requirements for any type of professional licensure creates the possibility that some capable individuals, who have learned through non-traditional means and experience, would be excluded from practice. It is important that a sufficient timeframe or a phasing-in for meeting the requirements be provided to allow such individuals to continue in practice if they choose. There are also

situations when someone who has met the set requirements proves to be unsafe or fails to maintain competence. Licensing boards have the authority to initiate appropriate disciplinary action against the licenses of unsafe individuals. Educational, practice and other ongoing requirements are set by many boards to assist in maintenance of competency. Whenever a new concept is introduced, there may be initial confusion until the concept is established. However, the benefits of moving toward a generally accepted use of terminology will, in the long run, reduce the current confusion caused by the existing "crazy quilt" of titles, abbreviations and language across jurisdictions. Movement toward uniformity of requirements and scopes of practice will facilitate mobility of qualified individuals in advanced nursing roles.

Although licensure is intended to provide public protection, some have viewed licensure as a barrier, a limitation on professional development. It has been argued that nurses prepared at the masters level and above should be "unencumbered" by additional licensure requirements. However, another view is that, in addition to protecting the public, the authorization for practice provided by licensure affords promotion and protection for the nurse.

The significant change in this paper is the move from recommending recognition/designation as the method of regulation for advanced nursing practice to recommending licensure as the preferred method of regulation for advanced nursing practice. This is a major position shift in six years. The evolution of advanced nursing has produced an expanded scope of practice and a high level of autonomy based upon advanced knowledge, skills and abilities. Safe and competent advanced nursing practice requires licensure as the method of regulation necessary to protect the public.

Conclusions

1. The advanced practice of nursing is based on an academic degree at the graduate level with a major in nursing. The academic preparation must include both clinical and didactic components related to the specific advanced practice role.

2. Combined with graduate nursing education, professional certification may be used as a qualification for licensure as long as the board of nursing has established criteria for accepting the certification and maintains control of the licensure process.

3. Movement toward consistent titling and uniform use of terminology for those nurses who practice in advanced roles will improve public understanding. Increased knowledge leads to informed consumer health care decisions.

4. Boards of nursing should regulate advanced nursing practice by licensure of advanced nursing roles due to the nature of the practice which requires advanced knowledge, clinical proficiency, independent decision-making and autonomy. The risk of harm from unsafe and incompetent providers at this level of complex care is high.

Sources

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Attachment B

Model Nursing Practice Act

With additions for Model Language for Advanced Nursing Practice

The language of the National Council's *Model Nursing Practice Act*, last revised in 1988, is presented here with suggested additions for Model Language for Advanced Nursing Practice. Any added language is underlined and deleted language is crossed out of the original text.

The Subcommittee to Study the Regulation of Advanced Nursing Practice hopes that seeing the new sections in the context of the full Model will assist in review of the proposed language.

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Article I.

Section 1. Title of Act. This Act shall be known and may be cited as "The (state) Nursing Practice Act."

Date of enactment of Nursing Practice Act should be cited on any reprint of the Act.

Section 2. Description of Act. An Act to provide for the regulation of the practice of nursing, a practice affecting the public health, safety and welfare; to provide for a State Board of Nursing; and to define the powers and duties of that Board, including licensure of practitioners of nursing, establishment of standards for nursing practice and educational programs, adoption of administrative rules to implement this Act, and prescription of penalties for violation of the provisions of this Act.

This section describes the general scope of the Nursing Practice Act. It summarizes and clarifies the main elements of the Act and serves as a useful reference.

Section 3. Purpose. The legislature finds that the practice of nursing by competent persons is necessary for the protection of the public health, safety and welfare and further finds that ~~the two~~ three levels of practice within the profession of nursing should be regulated and controlled, in the public interest. Therefore, it is the legislative purpose of this Act to promote, preserve and protect the public health, safety and welfare by and through the effective control and regulation of the practice of nursing and of the educational preparation for this practice, and to ensure that any person practicing or offering to practice nursing, as defined in this Act, or using the title of Registered Nurse ~~or~~, Licensed Practical Nurse, or Advanced Practice Registered Nurse after the effective date of this Act within this state shall, before entering upon such practice or using such title, be licensed as hereinafter provided.

This section will answer questions about what a legislature intended to accomplish through passage of the statute when the courts, an Attorney General or other legal counsel seek interpretation of the ACT.

~~Regulatory bodies are charged with establishing standards for minimum safe and effective nursing practice.~~

~~Within the minimum level there is a range from low minimum to high minimum points. In order to promote nursing at the highest enforceable level, Boards of Nursing should design regulations at the high minimum level of practice.~~

This model legislation recommends licensure for advanced nursing practice. The license will be issued as an Advanced Practice Registered Nurse, in the category of nurse practitioner, certified registered nurse anesthetist, certified nurse midwife or clinical nurse specialist.

Boards of Nursing are charged with the protection of the public health safety and welfare through the regulation of nursing practice in their jurisdiction.

As with any service, there is a range of quality of nursing practice. Regulatory agencies are charged with identifying the minimal, essential level of competence needed for safe nursing care. Behavior which falls below this level is subject to potential

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disciplinary action. The professional associations promote standards of excellence for the profession, identifying a level of competence that exceeds the essential, a level to which individuals are encouraged to strive.

Boards of Nursing should design regulations to identify those essential elements of practice necessary to protect the public.

In this section, nursing is established as a legal role, thereby, affording its professional members, Registered Nurses, and Advanced Practice Registered Nurses the attendant rights and responsibilities. In addition, this section acknowledges the practice of Licensed Practical Nurses, the nature of whose practice also affects directly the public health, safety and welfare and, consequently, should be regulated and controlled. Other persons to whom certain tasks may be delegated by Registered Nurses ~~or~~, Licensed Practical Nurses or Advanced Practice Registered Nurses should not be licensed because the tasks involved are limited and performed under supervision and can be controlled and regulated by other means.

In the history of American nursing, the process of registration preceded that of licensure. Nongovernmental registries listed nurses who met certain qualifications and thus served to protect the public against incompetent practitioners. When licensure was instituted in the various states, the term "registered nurse" and the abbreviation "R.N." were protected for use by only qualified nurses. Registration, however, differs from licensure in that it is a process by which qualified individuals are listed on an official roster. Because mandatory licensure affords greater protection for the public than registration, the Nursing Practice Act should refer only to this process. Current references to registration that are embodied in the legally recognized Licensed Practical Nurse title can confuse the public and the ~~nursing practitioners~~ licensees. Alternate titles that would reflect the licensed status of ~~both~~ all levels of nurses should be considered in revisions of the Act.

Alternative titles for Registered Nurse ~~and~~, Licensed Practical Nurse, and Advanced Practice Registered

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	Nurse which better reflect the method of control and regulation and the relationship ~~between~~ among the ~~two~~ levels of licensed practitioners, should be considered. The method of control and regulation specified in the Practice Act is licensure rather than registration. Licensure is the process by which an agency of state government grants permission to an individual to engage in a given occupation upon finding that the applicant has attained the essential degree of competency necessary to ensure that the public health, safety and welfare will be reasonably well protected. In granting an individual permission to practice through licensure, the state holds the individual responsible and accountable for that practice. The state also maintains records of past and present licenses.

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Article II

Section 1. Practice of Nursing. The "Practice of Nursing" means assisting individuals or groups to maintain or attain optimal health, implementing a strategy of care to accomplish defined goals, and evaluating responses to care and treatment. This practice includes, but is not limited to, initiating and maintaining comfort measures, promoting and supporting human functions and responses, establishing an environment conducive to well-being, providing health counseling and teaching, and collaborating on certain aspects of the health regimen. This practice is based on understanding the human condition across the lifespan and understanding the relationship of the individual within the environment.

The most important part of a practice act is the definition of the practice that it seeks to regulate. The definition should distinguish nursing practice from the practice of other health care practitioners by assessing health status, establishing a nursing diagnosis and planning, yet should be stated in terms sufficiently broad to include all levels of practice, including that of the Registered Nurse, Licensed Practical Nurse and ~~all extended and expanded nursing roles~~ Advanced Practice Registered Nurse.

~~*Nurses who practice advanced clinical nursing are practicing a specialty in accordance with advanced education in clinical nursing. However, their practice should be within the parameter of the legal scope of nursing practice.*~~

A broad definition of nursing will enable the Board of Nursing to adopt implementing rules to meet changing practice. This definition is based partly on information found in the report, "Critical Requirements for Safe/Effective Nursing Practice, 1978 research project conducted for the National Council of State Boards of Nursing by Angeline M. Jacobs and others.

In 1986 the National Council completed a "Job Analysis and Role Delineation Study of Entry Level Registered Nursing Practice" that further defined critical entry level elements of nursing practice.

The definition does not include reference to educational preparation or responsibilities that are common to all health professions, such as knowledge of biological, physical, behavioral, psychological and sociological sciences; supervision, administration, delegation and teaching; and performing interdependently with other health professionals. It is believed that execution of the medical regimen does not describe the essence or unique elements of nursing that distinguishes it from other health professionals and for which regulation is required in order to safeguard the public health, safety and welfare.

Others, such as pharmacists, medical social workers, and physical therapists, also execute

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aspects of the medical regimen, but this Act does not describe their particular practices. However, the process of implementing a strategy of care may encompass collaboration with the profession of medicine carrying out certain aspects of the medical regimen. In many instances, the welfare of the health care recipients necessitates medical and nursing care synergism. Assisting other health professionals in providing care should be a legally recognized component of practice not only for nurses, but for all health professionals.

Section 2. Registered Nursing means the practice of the full scope of nursing which includes but is not limited to:

(a) Assessing the health status of individuals and groups;

(b) Establishing a nursing diagnosis;

(c) Establishing goals to meet identified health care needs;

(d) Planning a strategy of care;

(e) Prescribing nursing interventions to implement the strategy of care;

(f) Implementing the strategy of care;

(g) Delegating nursing interventions that may be performed by others and that do not conflict with this act;

(h) Maintaining safe and effective nursing care rendered directly or indirectly;

(i) Evaluating responses to interventions;

(j) Teaching the theory and practice of nursing;

(k) Managing and supervising the practice of nursing; and

(l) Collaborating with other health professionals in the management of health care; ~~and~~

~~(m) Practicing advanced clinical nursing in accordance with knowledge skills acquired through~~

This definition describes the responsibilities and scope of practice registered nurses and entrusts them with overall responsibility for nursing care. It outlines certain essential responsibilities which require professional judgment, which registered nurses have the educational preparation to undertake, and for which they are held accountable, including the implementation of care as directed by those persons authorized by law to give such direction. In addition, it enables the registered nurse to delegate nursing measures that may be performed by others under appropriate supervision. Such a definition clearly distinguishes the difference between a Registered Nurse's practice and the practice of others within the field of nursing, such as Licensed Practical Nurses and Auxiliaries.

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~~graduate nursing education.~~

Section 3. Licensed Practical Nursing means practice of a directed scope of nursing practice which includes, but is not limited to:

(a) Contributing to the assessment of the health status of individuals and groups;

(b) Participating in the development and modification of the strategy of care;

(c) Implementing the appropriate aspects of the strategy of care as defined by the Board;

(d) Maintaining safe and effective nursing care rendered directly or indirectly;

(e) Participating in the evaluation of responses to interventions, and;

(f) Delegating nursing interventions that may be performed by others and that do not conflict with this Act.

This definition describes the responsibilities and scope of practice for which Licensed Practical Nurses will be held accountable and clearly distinguishes their responsibilities and practice from that of the Registered Nurse. The responsibility for directing nursing care belongs to the Registered Nurse. However, because many Licensed Practical Nurses work under the direction of physicians and dentists, the law should accommodate this practice.

Some jurisdictions may use the term Licensed Vocational Nurse instead of Licensed Practical Nurse.

Participation implies collaboration with other members of the health care team.

The Licensed Practical Nurse functions at the direction of the Registered Nurse, Advanced Practice Registered Nurse, licensed physician, or licensed dentist in the performance of activities delegated by that health care professional.

Advanced Practice Registered Nurse refers to nurses authorized to practice in an advanced role.

Section 4. Advanced Practice Registered Nursing by nurse practitioners, nurse anesthetists, nurse midwives and clinical nurse specialists, is based on knowledge and skills acquired in basic nursing education; licensure as a Registered Nurse; and a graduate degree and experience in the designated area of practice, which includes advanced nursing theory, substantial knowledge of physical and psycho-social assessment, appropriate interventions and management of health care status. Advanced Practice Registered Nursing includes but is not limited to:

(a) Assessing clients, synthesizing and analyzing data, and understanding and applying nursing principles at an advanced level;

(b) Providing expert guidance and teaching;

This definition is written broadly, to address a core of essential skills and abilities for all categories of Advanced Practice Registered Nurses rather than listing behaviors or technical skills required for specific practice areas.

The scope of practice in each of the advanced roles of nurse practitioner, nurse anesthetist, nurse midwife or clinical nurse specialist is distinguishable from the others. While there is an overlapping of knowledge and skills within these roles, there are activities which are unique to each role.

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(c) Working effectively with clients, families and other members of the health care team;	
(d) Managing clients' physical and psycho-social health-illness status;	
(e) Conceptualizing and thinking in the abstract, including the identification of alternative possibilities as to the nature of a health care problem and the selection of appropriate treatment;	
(f) Making independent decisions in solving complex client care problems;	
(g) Performing acts of diagnosis and prescribing therapeutic measures consistent with the area of practice; and	
(h) Recognizing limits of knowledge and experience, planning for situations beyond expertise, and consulting with or referring clients to other health care providers as appropriate.	
This act shall supersede all prior inconsistent statutes, rules or regulation regarding this subject.	*Boards must be certain that the revised nurse practice act expressly supersedes all conflicting provisions of other statutes, rules and regulations in this area.*
Section 5. An Advanced Practice Registered Nurse is authorized to prescribe drugs for administration to and use by other persons within the scope of practice defined by rules adopted by the Board. This act shall supersede all prior inconsistent statutes, rules or regulations regarding nurse prescriptive authority.	*This language is suggested to provide clear statutory prescriptive authority for the Advanced Practice Registered Nurse, and attempts to comply with the Drug Enforcement Agency's "plenary prescriptive authority" requirement, as set forth in proposed regulations. Plenary prescriptive authority would allow an Advanced Practice Registered Nurse, who needs to prescribe controlled substances for a designated practice area, to be issued a DEA number.* *Boards of Nursing are encouraged to review scopes of practice to assure that RNs and LPNs may implement orders written by Advanced Practice Registered Nurses.* *Boards must be certain that the prescriptive authority expressly supersedes all conflicting provision of other statutes, rules and regulations in this area.*

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~~Section 4.~~ Section 6. **Board.** "Board" means the (state) Board of Nursing.	
~~Section 5.~~ Section 7. **Other Board.** "Other Board" means the comparable regulatory agency in any U.S. State or Territory.	*Authority base, structure, and name of regulatory agency will vary from state to state.*
~~Section 6.~~ Section 8. **License.** "License" means a current document permitting the practice of nursing as a Registered Nurse ~~or~~, Licensed Practical Nurse, or Advanced Practice Registered Nurse.	*A license is a current document issued to a qualified individual for the purpose of permitting that individual to practice as a Registered Nurse ~~or~~, Licensed Practical Nurse, or Advanced Practice Registered Nurse for a specific length of time. A license is renewable provided existing qualifications have been met. Because the only purpose of a license is to grant legal permission to a qualified person to do something, no inactive license should be provided.*

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Article III.

Section 1. Membership; Appointment; Nominations; Term of Office; Removal; Vacancies; Qualifications; Immunity.

(a) The Board of Nursing shall consist of ( ) members to be appointed by the Governor ( ) days prior to the expiration of the term of office of a current member. Nominations for appointment may be made to the Governor by any interested individual, association, or any other entity, provided that such nominations be supported by a petition executed by no less than ( ) qualified voters in this State. These nominations shall not be binding upon the Governor.

The size of the Board should take into consideration the population of the state, the numbers of ~~Registered Nurses and Licensed Practical Nurses~~ nurses being regulated, the number of educational programs and agencies and the number of members needed to effectively enforce the Act. In most states, the number of Board Members is an odd number so that determinations by a clear majority may be made.

The State Legislature may have confirming privilege. In those States where the Board is advisory, appointments to the Board may be initiated or confirmed by some governmental agency or body other than the Governor or Legislature.

Some mechanism should be developed to enable the Board to conduct its business with a full complement of members so that there is no fear of subsequent challenge regarding delayed appointments; senate confirmation, apathy, changes in the law and staggered terms.

The provision regarding nominations avoids challenges of conflicts of interest or discrimination, ensures genuine interest of a number of nominating persons, yet reserves gubernatorial discretion.

(b) The membership of the Board shall be at least ( ) members of Registered Nurses; at least ( ) members of Licensed Practical Nurses; at least ( ) members of Advanced Practice Registered Nurses; and at least ( ) members representing the public.

The Board of nursing consists of representatives of all levels of nursing licensure and consumers.

Because the majority of nurses licensed in most jurisdictions are Registered Nurses, the majority of Board members should be Registered Nurses. A majority of nurse members on the board is required to determine if persons performing nursing functions are qualified. In addition, the judgment of Registered Nurses constitutes the best possible criterion for determining the legality of a nursing action. Although it is recognized that representatives of the public make a significant contribution to the purpose of the Board, the need for nursing expertise is a sufficient state interest to justify a nursing majority membership on the Board.

Some states may desire Board membership to represent different geographic areas or the various areas of nursing practice such as education,

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administration and clinical practice.

Such special group representation and input also may be achieved through formation of special advisory committees.

Each Registered Nurse member shall be an eligible voting resident in this State, licensed in good standing under the provisions of this chapter, currently engaged in the practice of nursing as a Registered Nurse, and shall have had no less than five (5) years of experience as a Registered Nurse, at least three (3) of which immediately preceded appointment.

Registered Nurse ~~and~~, Licensed Practical Nurse and Advanced Practice Registered Nurse members should have sufficient nursing background and expertise to make appropriate decisions regarding the complex and technical matters within the Board's jurisdiction. These members also should have a commitment to the protection and concerns of the public.

Each Licensed Practical Nurse member shall be an eligible voting resident of this State, licensed in good standing under the provisions of this chapter, currently engaged in the practice of nursing, and shall have had no less than five (5) years of experience as a Licensed Practical Nurse, at least three (3) of which immediately preceded appointment.

Appearance of conflict of interest and, on occasion, actual conflict of interest implications are raised when Board members hold elected positions in professional associations. To avoid any claim of bias, the Registered Nurse ~~and~~, the Licensed Practical Nurse and Advanced Practice Registered Nurse members should not be required to be members of their respective associations.

However, membership in the professional association tends to reinforce professional commitment and should not be discouraged.

Each Advanced Practice Registered Nurse member shall be an eligible voting resident of this State, licensed in good standing under the provisions of this chapter, currently engaged in the practice of nursing, and shall have had no less than five (5) years of experience as an Advanced Practice Registered Nurse, at least three (3) of which immediately preceded appointment.

When Advanced Practice Registered Nurse licensure is first implemented, experience in the advanced nursing categories that was gained before the license was issued should be considered in determining the five years experience required for an Advanced Practice Registered Nurse Board member.

The representatives of the public shall be eligible voting residents of this State who are knowledgeable in consumer health concerns, and shall neither be, nor ever have been, associated with the provision of health care or be enrolled in any health related education program.

Consideration should be given to having more than one (1) member representing the public. The number chosen should increase as the size of the Board increases.

In order to assure that public members are truly independent in their judgment, any person who has a possible substantial relationship with a health provider is rendered ineligible by this section.

Membership shall be restricted to no more than one (1) person who is associated with a particular

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agency, corporation or other enterprise or subsidiary at one time.	
(c) Members of the Board shall be appointed for a term of ( ) years.	
The present members of the Board holding office under the provisions of (Act being amended or repealed) shall serve as members for their respective terms.	*In the event of passage of a new act which changes the size of the Board, provision should be made for carry-over of Board members.*
No member shall serve more than two (2) consecutive full terms. The completion of an unexpired portion of a full term shall not constitute a full term for purposes of this section. Any Board member initially appointed for less than a full term shall be eligible to serve two (2) additional consecutive full terms.	*This section is intended to continue the staggered appointment process in effect in most jurisdiction. However, if a jurisdiction does not have provision for staggered appointments in the present Act, it is recommended that this section be revised to provide for staggered appointment.*
An appointee to a full term on the Board shall be appointed by the Governor before the expiration of the term of the member being succeeded and shall become a member of the Board on the first day following the appointment expiration date. Appointees to unexpired portions of full terms shall become members of the board on the day following such appointment.	
Each term of office shall expire at midnight on the last day of the term of the appointment or at midnight on the date on which any vacancy occurs.	
If a replacement appointment has not been made, the term of the Member shall be extended until a replacement is made.	*This enables the continuity of Board activity.*
(d) Any vacancy that occurs for any reason in the membership of the Board shall be filled by the Governor in the manner prescribed in the provisions of this article regarding appointments. Vacancies created by reason other than the expiration of a term shall be filled within () days after such vacancy occurs.	
A person appointed to fill a vacancy shall serve for the unexpired portion of the term.	
(e) The Governor may remove any member from the Board for neglect of any duty required by law	*Any concerned person may file a complaint against a Board member with the appropriate state agency*

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or for incompetency or unprofessional or dishonorable conduct.

or official.

The general laws of this State controlling the removal of public officials from office shall be followed in dismissing Board members.

If general laws do not address attendance of Board Members at meetings, it is suggested that attendance at meetings be addressed in the rules.

(f) All members of the Board shall have immunity from individual civil liability while acting within the scope of their duties as Board members.

Because of the quasi-judicial functions of regulatory boards it may be wise to cite within the law a clause granting immunity.

(g) In the event that the entire Board, an individual member or staff is sued, the Attorney General shall appoint an attorney to represent the involved party.

Each state's law should be researched to determine the power of the legislature to grant immunity as expressed in this section.

(h) Board meetings and hearings shall be open to the public. In accordance with the law, the Board may in its discretion conduct part of the meeting in executive session closed to the public.

Most states have adopted public meeting laws which provide for open meetings. The Board should investigate the content of the public meeting law in relation to executive sessions.

The provision of executive session for review of future test items by Board members and staff is necessary.

Section 2. Powers and Duties. The Board shall:

(a) Have responsibility for enforcement of the provisions of this Act. The Board shall have all of the duties, powers and authority specifically granted by and necessary to the enforcement of this Act, including subpoena power, as well as such other duties, powers and authority as it may be granted by appropriate status;

(b) Be authorized to make, adopt, amend, repeal and enforce such administrative rules consistent with law as it deems necessary for the proper administration and enforcement of this Act and to protect the public health, safety and welfare.

An effort should be made to allow for some freedom within the statute to accommodate for changes in the nature of practice which will occur from time to time.

State Administrative Procedure Acts specify appropriate constitutionally required procedures for rule making, conducting hearings and other Board functions that afford the public and affected ~~individual's~~ individuals' due process of law in such matters. Some states enact procedural provisions directly as a part of each nursing act.

Rulemaking authority can only be delegated by specific statute. Rules (except for interpretive

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	statements which are not subject to formal rulemaking process) have the force and effect of law once they have been properly adopted.
	Rulemaking authority should be used only as is necessary to carry out the provision of this Act or to comply with a legislative mandate.
(c) Be authorized to make, adopt, amend, repeal and enforce such administrative rules consistent with law as it deems necessary for regulation of advanced nursing practice.	*A specific and clear legislative mandate to promulgate rules related to advanced nursing practice strengthens the Board's authority.*
~~(c)~~ (d) Further be authorized to do the following without limiting the foregoing:	
(i) Enforce qualifications for licensure;	*The Board of Nursing has a legal responsibility to develop essential standards as a basis for evaluating safe and effective nursing practice that protects the health, safety and welfare of the public. Other nursing groups or organizations may wish to develop optimal standards for nursing practice.*
(ii) Develop and enforce standards for nursing practice and nursing education;	*The board shall set standards that are legally defensible as "reasonable and uniform."* *The board with its professional majority makes these decisions for nurse.*
(iii) Examine, license and renew the licensed of duly qualified individuals;	*The licensing examination and the frequency and timing should depend on a nationally established examination and calendar.*
(iv) Develop standards for continued competency of licensees continuing in or returning to practice;	*Consideration of continued competency and interstate endorsement is included here. each state Board of Nursing should determine when and under what conditions reexamination may be required.*
(v) Collect data regarding nursing;	*This section allows for responsible monitoring and control of current licensure and assures the public information on the availability of nursing resources within the state.*
(vi) Implement a disciplinary process;	
(vii) Regulate the manner in which nurses announce their practice to the public;	*This section is not intended as a restriction on a nurse's right to advertise in a truthful manner or in any other way that is consistent with constitutional*

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	interpretation.
(viii) Issue a limited license to practice nursing subject to such terms and conditions as the Board may impose;	*To qualify for an initial limited license, a handicapped person should meet the essential standards of an educational program and other requirements specified in the statute and administrative rules.* *A licensed nurse who becomes handicapped may also be issued a limited license.* *A nurse whose license is under discipline by the Board may be issued a limited license if, for some reason, it is determined that the licensee is incapable at the time of safely practicing the full scope of nursing appropriate to the practice of a Registered Nurse ~~or~~, a Licensed Practical Nurse or Advanced Practice Registered Nurse.* *Questions that would establish a candidate's need for limited licensure should be included on the initial application for licensure, renewal application and verification form.* *Limited licensure provisions should be noted on the license issued to the individual.*
(ix) Notify all licensees annually about changes in law and rules regarding nursing practice;	
(x) Maintain records of proceedings as required by the laws of this State;	
(xi) Provide consultation, conduct conferences, forums, studies and research on nursing practice and education;	*This authorization provides for consideration of public policy and representation of public concerns. It may also initiate educational schemes to improve professional and occupational performance.*
(xii) Appoint and employ a qualified Registered Nurse to serve as Executive Director and approve such additional staff positions as may be necessary, in the opinion of the board, to administer and enforce the provisions of this Act;	*The Board can only operate within the limits of available resources and should be staffed to carry out functions in a meaningful manner.*
(xiii) Join organizations that develop and regulate the national nursing licensure examinations and exclusively promote the improvement of the legal standards of the	*This section provides an opportunity for the Board to participate in the development of nationally standardized licensure examinations and to join with other Member Boards to act on matters of*

Article	Comment

practice of nursing for the protection of the public health, safety and welfare;

common concern, such as interstate endorsement. The organization currently recognized as facilitating the accomplishment of these goals is the National Council of State Boards of Nursing.

(xiv) Require such surety bonds as are deemed necessary;

(xv) Determine and collect reasonable fees;

(xiv) Receive and expend funds in addition to appropriations from this State, provided such funds are received and expended for the pursuit of the authorized objectives of the Board of Nursing; such funds are maintained in a separate account; and periodic reports of the receipt and expenditures of such funds are submitted to the Governor; and

(xvii) Adopt a seal which shall be in the care of the Executive Director and which shall be affixed only in such a manner as prescribed by the Board.

~~(d)~~ (e) This Act shall not be construed to require the Board of Nursing to report violations of the provisions of the Act whenever, in the board's opinion, the public interest will be served adequately by a suitable written notice of warning.

Section 3. Executive Director. The Executive Director shall be responsible for:

The title for the Board's Executive Director may vary in the Act.

(a) The performance of administrative responsibilities of the Board;

Each Board shall appoint a permanent administrative officer or director to perform and supervise the administrative duties and responsibilities of the Board on a daily basis.

(b) Employment of personnel needed to carry out the functions of the Board; and

Conflict of interest implications must be considered when the Executive Director serves in an elected office of a professional organization.

(c) The performance of any other duties as the Board may direct.

Section 4. Compensation. Each member of the Board shall receive, as compensation, a reasonable sum for each day the member is

Board members should be reimbursed commensurate with the duties and responsibilities of the appointment. It is recommended that an

Article	Comment
engaged in performance of the official duties of the Board and reimbursement for all expenses incurred in connection with the discharge of such official duties.	***amount not be specified in the statute in order to allow for adjustments in keeping with economic conditions, unless such specification is required within the jurisdiction.*** ***Such compensation should be equivalent to that received by other Boards in the State.***

Article	Comment
Article IV. Administrative Procedure Act - Application.	
The (state) Administrative Procedure Act is hereby expressly adopted and incorporated herein as if all the provisions of such Act were included in this Act.	*The Administrative Procedure Act addresses the functions of rulemaking, adjudication, and judicial review. These three functions comprise basic duties of the Board and are relevant to its regulation of nurses.*

Article | **Comment**

Article V. Licensure

Section 1. Each applicant who successfully meets the requirements of this section shall be entitled to licensure as a Registered Nurse or Licensed Practical Nurse~~,~~ or Advanced Practice Registered Nurse, whichever is applicable as follows:

(a) Licensure by Examination. An applicant for licensure by examination to practice as a Registered Nurse or Licensed Practical Nurse shall:

(i) Submit a completed written application and appropriate fees as established by the Board;

Designating high school graduation or equivalency is not necessary if all nursing education programs in a state require it.

(ii) Be a graduate of an approved nursing education program which prepares for the level of licensure being sought.

(iii) Be proficient in English language if a graduate of a foreign nursing educational program;

(iv) Pass an examination authorized by the Board;

Not all Boards give the exams; however, they should have the authority to select the exams and provide the exam administration.

(v) Have committed no acts or omissions which are grounds for disciplinary action as set forth in Article IX, Section 2, of this Act, or if the Board has found after investigation that sufficient restitution has been made.

Reference to grounds for disciplinary action is used instead of the phrase "good moral character" frequently seen in such acts. Defining "good moral character" has caused difficulty in the past, and its requirements for licensure may not be sustained by the courts in the future. Reference to specific grounds included in the Act should be more easily defined.

(b) Licensure by Endorsement. An applicant for licensure by endorsement to practice as a Registered Nurse or Licensed Practical Nurse shall:

These requirements apply the same standards to applicants for licensure by endorsement as for those applicants applying for licensure by examination. Nurses educated in foreign countries are considered under the same conditions as are nurses educated in the United States. This section does not permit licensure by waiver because requirements as listed are considered to be the minimal qualifications for safe and effective practice as a Registered Nurse or Licensed Practical Nurse.

(i) Submit a completed written application and appropriate fees as established by the Board;

(ii) Have committed no acts or omissions which are grounds for disciplinary action in another jurisdiction or if such acts have

Article	Comment

been committed and would be grounds for disciplinary action as set forth in Article IX, Section 2, of this Act, but the Board has found after investigation that sufficient restitution has been made;

(iii) Submit proof of graduation from a Board-approved nursing program;

(iv) Submit proof of initial licensure by an examination, with the examination having followed completion of the nursing education program. The applicant shall meet this State's examination requirement in effect when the applicant secured initial licensure.

(v) Meet continued competency requirements as stated in Article V, Section 3, Section 2.

(c) Licensure for the Advanced Practice Registered Nurse. An applicant for licensure as an Advanced Practice Registered Nurse shall:

A variety of methods of preparation have been recognized for Advanced Practice Registered Nurses. Requirements are outlined in statute and further defined through Board rules.

(i) Be currently licensed as a Registered Nurse in (this jurisdiction);

Board may use professional certification as a qualification for licensure as long as the Board has established criteria for accepting the certification and maintains control of the licensure process. Board cannot cede regulatory authority to private entities.

(ii) Submit a completed written application and appropriate fees as established by the Board;

(iii) Provide evidence of graduate education and comply with other requirements as set forth in rules; and

(iv) Have committed no acts or omissions which are grounds for disciplinary action as set forth in Article IX, Section 2 of this Act, unless the Board has found after investigation that sufficient restitution has been made.

Section 2. Examinations.

(a) The Board shall authorize the administration of the examination to applicants for licensure as Registered Nurses or Licensed Practical Nurses. The Board shall give due notice in advance of the

Article	Comment
examinations.	
(b) The Board may employ, contract and cooperate with any organization in the preparation and grading of an appropriate nationally uniform examination, but shall retain sole discretion and responsibility for determining the standard of successful completion of such an examination. When such a national examination is utilized, access to questions and answers shall be restricted by the Board.	
The Board shall determine whether an examination may be repeated, the frequency of re-examination and any requisite further education.	*The National Council holds a position that an integrated, criterion referenced exam, i.e., NCLEX, can assure competency when passed, no matter how often it is taken. On the other hand, there is indication that the number or writings of norm referenced tests allowing partial examination, i.e., State Board Test Pool Examination, should be limited in order to assure the public health, safety and welfare. The law should be broadly stated so that the board can set specifics in rules and request state-of-the-art at different points in time.*
Section 3. Renewal of Licenses.	
(a) Licenses issued under this Act shall be renewed every ___ years according to a schedule established by the Board.	*Annual renewal provides the best process for tracking Registered Nurses ~~and~~, Licensed Practical Nurses and Advanced Practice Registered Nurses than less frequent renewal and is, therefore, the best process relating to the protection of the public's health, safety, and welfare. However, for logistical reasons Boards may choose other renewal cycles that allow the Board time needed to carry its other Board responsibilities.* *Annual renewal also provides good statistical data to be used in projecting manpower needs, mobility and other trend data for analysis. However, the cost of annual renewal may be prohibitive and biennial renewal may be preferred by some jurisdictions.*
(b) A renewal license shall be issued to a Registered Nurse ~~or~~, Licensed Practical Nurse or Advanced Practice Registered Nurse who demonstrates satisfactory completion of such requirements established by the Board to ensure continued competence and who remits the	*It is recognized that continued competency requirements for relicensure are complicated by frequent renewals. Each state should determine priorities and establish renewal frequency accordingly. Because practices in the health care delivery system in general and in the delivery of*

Article | **Comment**

required fee.

nursing service in particular continuously change, it is essential that nurses maintain a degree of nursing competency which assures the public safe and effective care. States may choose continuing education requirements, reexamination, peer review, self-assessment techniques or other such methods of determining competency.

(c) Failure to renew the license shall result in forfeiture of the right to practice nursing in this state.

Section 4. Reinstatement of Lapsed Licenses.

A licensee who has allowed one's license to lapse by failure to renew may apply for reinstatement according to the rules established by the Board. Upon satisfaction of the requirements for reinstatement, the Board shall issue a renewal of license.

After extended absences from practice, completion of an educational program or other means of determining continued competency may be indicated. If Boards have established continuing competency requirements for renewal, such requirements are also appropriate for reinstatement.

Section 5. Temporary Licenses.

(a) The Board may issue a temporary license to practice nursing for a period not to exceed ( ) days to a Registered Nurse or Licensed Practical Nurse currently licensed in another jurisdiction of the United States, and who is an applicant for licensure by endorsement, provided the applicant submits a written application for a temporary license in accord with the rules of the Board.

The issuing of temporary licenses lessens the mandatory effect of the Act but recognizes the mobility of the nursing work force, the need for nursing manpower, and the economic needs of beginning practitioners and those moving from state to state. States may wish to consider issuing temporary license to graduates of foreign schools of nursing who have successfully passed the examination administered by the Commission on Graduates of Foreign Nursing Schools (CGFNS) and whose education and training are substantially similar to or higher than the educational standards for the individual state. The correlation between scores on the licensure examination and the CGFNS examination should be carefully studied before such provisions are added.

(b) The Board may issue a temporary license to practice nursing to a graduate of an approved nursing education program, pending the results of the first licensing examination after graduation.

(c) The Board may issue a temporary license to practice advanced nursing practice to an applicant who submits a written application in accord with the rules of the Board.

Specific requirements for temporary licensure should be set forth in administrative rules.

~~(c)~~ (d) Temporary licenses shall not be renewable.

Article | **Comment**

Section 6. Limited Licenses.

(a) The Board may issue a limited license to practice nursing in a restricted manner as designated by the Board. This licensure is to be used because of a nurse's inability to practice safely the full range of nursing.

The intent of limited licensure here is to allow for practice with restrictions such as limited settings, supervision requirements, limited narcotic administration for those with physical or mental impairment, chemical dependence or deficits in practice capabilities. Due process must be offered to the nurse before a license is limited. A nurse may waive due process rights and voluntarily accept or request a limited license.

(b) The Board may issue a limited license only to practice nursing as part of a nursing education program. This is allowed when the person graduated from a nursing program in another country and is licensed in that country but has not passed the examination in licensure required in that state.

Colleges and universities have foreign students who are nurses and who want further nursing education but do not want American licensure because they want to return to their own countries. These students are in the BSN completion and graduate programs. Limiting their practice to that controlled by the educational setting may provide for some protection to the public while allowing their advanced education.

Section 7. Duties of Licensees. Each licensee shall:

(a) In response to Board inquiries, provide information requested by the Board to perform its duties in regulating and controlling nursing in order to protect the public health, safety and welfare. Failure to provide the requested information may result in nonrenewal of the license to practice nursing.

License holders have a responsibility to cooperate with Boards in data collection for statistical purposes as well as a responsibility to provide information concerning the individual's own status which may affect his or her ability to practice nursing safely and effectively.

(b) Submit to a physical or mental examination by a designated ( ) when directed in writing by the Board for cause. If requested by the licensee, the licensee may also designate a ( ) for an independent medical examination. Refusal or failure of a licensee to complete such examinations shall constitute an admission of any allegations relating to such condition. All objections shall be waived as to admissibility of the examining ( ) testimony or examination reports on the grounds that they constitute privileged communication. The medical testimony or examination reports shall not be used against a Registered Nurse ~~or~~, Licensed Practical Nurse or "Advanced Practice Registered Nurse" in another proceeding and shall be confidential. At reasonable intervals, a ~~Registered Nurse or~~

An examination is helpful in establishing whether cause exists for disciplinary action. There are, however, safeguards that should exist for the licensee, e.g., option of second opinion and confidentiality of the records. The Board shall designate the appropriate legally authorized health care practitioners to perform the required services described in this section of the Act.

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~~Licensed Practical Nurse~~ licensee shall be afforded an opportunity to demonstrate ~~that the nurse can~~ competence to resume the ~~competent~~ practice of nursing with reasonable skill and safety to patients.	
(c) Report to the Board those acts or omissions which are violations of the act or grounds for disciplinary action as set forth in Articles VIII and IX of this Act.	*This establishes mandatory reporting by nurses of unlicensed persons or nurses who violate the Nursing Practice Act.*
(d) Report to the Board every adverse judgment in a professional or occupational malpractice action to which the licensee is party, and every settlement of a claim against the licensee alleging malpractice.	*Expands mandatory reporting to the individual nurse.*

Article | **Comment**

Article VI. Titles and Abbreviations.

Section 1. Only those persons who hold a license to practice nursing in this state shall have the right to use the following title abbreviations.

A. Title: "Registered Nurse" and the abbreviation "RN"

B. Title: "Licensed Practical Nurse" and the abbreviation "LPN"

C. Title: "Advanced Practice Registered Nurse" and the abbreviation "APRN"

Titles and abbreviations for examination or endorsement for licensure vary from state to state. Some of the titles and abbreviations are:

A. *Temporary Registered Nurse - TRN/Temporary Licensed Practical Nurse - TLPN*

B. *Graduate Nurse - GN/Graduate Practical Nurse-GPN*

C. *Professional Nurse-PN/Practical Nurse-PN*

D. *Trained Nurse-TN/Trained Practical Nurse-TPN*

Section 2. Any person who has been approved as an applicant for the licensure examination and has been granted a temporary license for examinations shall have the right to use the following abbreviations.

A. Title: "Graduate Nurse" and the abbreviation "GN"

B. Title: "Graduate Practical Nurse" and the abbreviation "GPN"

Section 3. Any person who has been approved as an applicant for licensure by endorsement and has been granted a temporary license shall have the right to use the title ( ) and abbreviations ( ) designated by the state.

Because the Practice Act incorporates the concept of mandatory licensure for the practice of nursing and assures the public that those using the titles Registered Nurse ~~and~~, Licensed Practical Nurse and Advanced Practice Registered Nurse are licensed and qualified to practice nursing as defined in the Act, any provision in the Act which permits temporary licensure should be reflected in titles and accompanying abbreviations. These titles and abbreviations should clearly stipulate the temporary practice status of these authorized individuals. Other titles which seek to convey a temporary licensure status but do not include the work temporary in them can be confusing to the public and endanger its welfare.

Article	Comment

Article VII. Approval of Nursing Education Programs.

Section 1. Approval Standards. The Board shall, by administrative rules, approve the establishment and conduct of and standards for nursing education programs, including all clinical facilities used for learning experiences, and shall survey and approve such programs as meet the requirements of the Act and the board administrative rules.

The Board of Nursing in order to safeguard public health, safety and welfare, should approve the establishment and conduct of nursing education programs. The Board should establish standards for and approve educational programs preparing persons for the practice of nursing at the undergraduate and graduate levels. The question of what constitutes sufficient preparation for the practice of nursing should be decided by a Board of Nursing.

Section 2. Approval Required. An institution within this State desiring to conduct a nursing education program shall apply to the Board and submit evidence that its nursing program is able to meet the standards established by the Board. If, upon investigation, the Board finds that the program meets the established standards for nursing education programs, it shall approve the applicant program.

Section 3. Periodic Evaluation of Nursing Programs. The Board shall periodically resurvey and reevaluate approved nursing education programs and shall publish a list of approved programs.

Section 4. Denial or Withdrawal of Approval. The Board may deny or withdraw approval or take such action as deemed necessary when nursing education programs fail to meet the standards established by the Board, provided that all such actions shall be affected in accordance with this State's Administrative Procedures Act and/or the Administrative Rules of the Board.

Boards of Nursing may wish to utilize an intermediate approval status, such as conditional approval, for educational programs that do not fully meet approval standards. This status denotes that certain conditions must be met within a designated time period in order for the program to be fully approved. Failure to do so would result in withdrawal of approval. The Board must provide the program due process prior to withdrawal of approval.

Conditional approval generally allows educational programs to continue operation while they work towards meeting the conditions for full approval. The graduates of conditionally approved programs should be eligible to take the licensing examinations and, upon successfully passing the examination, become licensed.

Article	Comment
Section 5. Reinstatement of Approval. The Board shall reinstate approval of a nursing education program upon submission of satisfactory evidence that its program meets the standards established by the Board.	
Section 6. Provisional Approval. Provisional approval of new programs may be granted pending the licensure results of the first graduating class.	

Article	Comment

Article VIII. Violations and Penalties.

Section 1. Violations. No person shall:

(a) Engage in the practice of nursing as defined in the Act without a valid, current license, except as otherwise permitted under this Act;

The regulation of the practice of nursing, including the control of unlicensed practice in the profession, has a reasonable and rational relationship to public health, safety and welfare.

(b) Practice nursing under cover of any diploma, license or record illegally or fraudulently obtained, signed or issued unlawfully or under fraudulent representation;

In addition to potential danger to the public health, safety and welfare, the described acts would also be considered criminal acts such as fraud, false representation and others; and the provision of this section should be consistent with the general criminal ~~statues~~ statutes of the state.

(c) Practice nursing during the time license is suspended, revoked, surrendered, inactive or lapsed;

The writ of injunction without bond should be available to the Board for enforcement of this section. The practice of nursing by any person who has not been issued a license under the provisions of this Act, or whose license has expired or has been suspended or revoked, would be a danger to the public health, safety and welfare.

(d) Use any words, abbreviations, figures, letters, title, sign, card or device tending to imply that he or she is a Registered Nurse ~~or~~, Licensed Practical Nurse or Advanced Practice Registered Nurse unless such person is duly licensed so to practice under the provisions of this Act;

In addition to any other civil, criminal or disciplinary remedy, the Attorney General, the Board of Nursing, the Prosecuting Attorney of any county where a person is practicing or purporting to practice nursing without a valid license, or any citizen may, in accordance with the laws of the state governing injunctions, maintain an action to enjoin that person from practicing nursing until a valid license is secured.

The Board may adopt by rule a schedule for establishing the amount of civil penalty that may be imposed for any violation of the statute or any rule of the Board.

(e) Fraudulently obtain or furnish a license by or for money or any other thing of value;

(f) Knowingly employ unlicensed persons in the practice of nursing;

(g) Fail to report information relating to violations of this Act;

When the nurse is aware of inappropriate or questionable conduct including violations of the state's Nursing Practice Act by another person, the practice should be reported to the appropriate authority. The nurse's primary commitment is to

Article	Comment
	the patient's care and safety. Hence, the nurse must be alert to and take appropriate action regarding any instances of incompetent, unethical, or illegal practices that are not in the patients's best interests.
(h) Conduct a nursing education program for the preparation ~~of Registered Nurses or Licensed Practical Nurses~~ for licensure under this chapter unless the program has been approved by the Board; or	
(i) Otherwise violate or aid or abet another person to violate any provision of this Act.	*Violations of any provision of this statute or administrative rules adopted thereunder is cause for disciplinary action against a licensed nurse and when indicated civil penalty may be imposed.*
Section 2. Penalties. Initial violation of any provision of this article shall constitute a misdemeanor and each subsequent violation shall constitute a felony.	*This section is intended to serve as a significant deterrent to violations of this Act and to recognize that sanctions imposed must be commensurate with the wrongful act. In most states, the misdemeanor sanction is appropriate to achieve both ends; but in those states where these actions, typically treated as misdemeanors in most states, are classified as felonies, felony sanctions would certainly be appropriate. The suggested sanction is the strongest sanction imposed by that state for violations of its professional licensing statutes, and implementation is to be consistent with the Administrative Procedure Act and Administrative Rules.*
Section 3. Criminal Prosecution. ~~Noting~~ Nothing in this Act shall be construed as a bar to criminal prosecution for violation of the provisions of this Act.	*Implementation is to be consistent with the Administrative Procedure Act and Administrative Rules.*
Section 4. Civil Penalties. The Board may, in addition to any other sanctions herein provided, impose on any person violating a provision of this Act or Administrative Rules of the Board, a civil penalty not to exceed ($) for each count or separate offense.	*Implementation is to be consistent with the Administrative Procedure Act and Administrative Rules.*

Article	Comment

Article IX. Discipline and Proceedings.

Section 1. Authority. The Board of Nursing shall have the power to refuse to issue or renew, to suspend, revoke, place on probation or reprimand a licensee for any one or combination of the causes on the grounds set forth below. Fines of up to ($) may be imposed.

This section is intended to establish a means of disciplining or ~~baring~~ barring from practice persons who properly should not be permitted to practice nursing. Fines should be limited to cases in which the licensee has made financial gain as a result of the violation. They should not be the exclusive penalty for violations resulting in patient death or injury or used for grounds involving physical or mental illness. Rules should delineate the specific conditions for which fines can be imposed.

A disciplinary investigation regarding the Advanced Practice Registered Nurse license should also include review of other nursing licenses if applicable. These other licenses may or may not also be disciplined depending on the nature of the complaint. (E.g., false documentation might result in concerns regarding all levels of licensure, whereas inappropriate prescription might only involve the Advanced Practice Registered Nurse license.)

Section 2. Grounds. The Board may take disciplinary action against a license that:

(a) Has been convicted by a court or sanctioned by another board of nursing or has entered a plea of nolo contendere to a crime in any jurisdiction that relates adversely to the practice of nursing or to the ability to practice nursing; or

Section 2. (a), (b) and (c) may not be mutually exclusive in that practice which is inconsistent with the standards of nursing practice may also be a situation taken to court.

Some examples of crimes which would be the basis for consideration of disciplinary action are:

1. *A felony, as defined by the laws of this state;*

2. *A finding that the licensee is guilty of any act of moral turpitude or gross immorality that relates to the individual's nursing practice;*

3. *A crime that directly relates to the ~~practitioner's~~ licensee's ability to practice nursing competently and safely; or*

4. *A violation of the nursing laws, or rules and regulations pertaining thereto, of any state or of the federal government.*

Article | **Comment**

This section may need to be more definitive or restrictive in some states than in others. Its content must be developed in light of other state legislation since some states, for example, restrict the circumstances under which a license may be denied to an individual because of the commission of a crime. In addition, an individual who has been convicted of a crime or an act involving gross immorality and who has paid his debt to society is entitled to constitutional protection that may prevent a strict application of Section 2. (a).

(b) Has been disciplined by a Board of Nursing in another jurisdiction; or

(c) Has engaged in any act inconsistent with the standards of nursing practice as defined by board rules; or

The need for specificity in defining the grounds upon which a license may be revoked or suspended should be emphasized. The term "unprofessional conduct" is particularly susceptible to challenge as being unconstitutionally vague. Thus, Section 2 (c) is being proposed as a substitute for unprofessional conduct, and the administrative rules adopted to implement this provision, or the act itself, must define this and all terms in a manner that will permit reasonable interpretation by persons licensed under and authorized to enforce this Act.

These potential problems make it essential that Boards issue appropriate Administrative Rules defining the grounds for disciplinary action in specific,understandable and reasonable terms. In addition, ~~the~~ Boards must ensure that such Administrative Rules are published for the benefit of all licensees within their jurisdiction. Only by doing so can Board assure their authority to take successful and meaningful disciplinary actions that will not later be overturned by the courts.

(d) Has violated statutes, rules or regulations related to prescriptive authority.

Boards must be certain that the revised nurse practice act expressly supersedes all conflicting provisions of other statutes, rulws and regulations in this area.

~~(d)~~ (e) Has practiced fraud or deceit in procuring or attempting to procure a license to practice nursing; in filing any reports or completing patient records, signing any report or records in the nurse's capacity as a Registered Nurse, ~~or as a~~

Article	Comment
Licensed Practical Nurse or Advanced Practice Registered Nurse; or in submitting any information or record to the Board; or	
~~(e)~~ (f) Is unfit or incompetent to practice nursing by reason of negligence, habits or other causes; or	*Incompetence should be based on a pattern of practice or behavior, not a single incident. This would include incompetence based on physical or mental illness.*
~~(f)~~ (g) Has diverted or attempted to divert drugs or controlled substances for unauthorized use; or	
~~(g)~~ (h) Has had a license to practice nursing or to practice in another health care discipline in another state denied, revoked, suspended ~~or otherwise restricted~~ ,restricted or otherwise sanctioned, other than by reason of failure to renew or to meet continuing education requirements; or	
~~(h)~~ (i) Has practiced nursing within this state without a valid current license or as otherwise permitted under this Act; or	*Since federal employees are often not licensed by the state in which they practice, they would be subject to disciplinary action in the state in which they hold a license.*
~~(i)~~ (j) Has failed to report to the Board any violation of this Act or of Board Administrative Rules; or	
~~(j)~~ (k) Has been found by the Board to have violated any of the provisions of this Act or of Board Administrative Rules; or	
~~(k)~~ (l) Has engaged knowingly in any act which before it was committed had been determined to be beyond the scope of the individual's nursing practice; or	
~~(l)~~ (m) Has failed to meet the duties of the licensee as provided in this Act and Board Administrative Rules.	*The procedure that must be followed before disciplinary action can be taken is determined in most states by an Administrative Procedure Act. Each Board shall determine to what extent the disciplinary procedure needs to be included in the laws governing nursing. The requirements of the state must be investigated carefully when amending the disciplinary section of the Act in order to ensure statutory requirements.*
Section 3. Procedure. The Board shall establish a discipline process based on the Administrative Procedure Act of the State of ( ).	*In some states, Administrative Rules governing practice and procedure are the appropriate*

Article | **Comment**

mechanisms to define these procedures. The National Council has developed a model which can also be used as a basis for developing rules.

In states in which the Board of Nursing does not have authority to discipline, a provision may be made for a review panel of Board members to review the evidence in disciplinary cases and to make a recommendation as to the disposition of the charge prior to the final disciplinary proceeding. The Board (or its agent) shall issue an order on its findings, and its decision and the order shall be delivered to all concerned parties.

In addition to any available administrative remedies, decisions of the Board (or the disciplinary authority) may be appealed within 30 days from notification of the decision to any court of competent jurisdiction as determined by the rules of civil procedure. The court action may be de novo; but the record of the Board hearing should be admissible evidence, and the action should be on the issues presented before the Board of nursing. The court may allow amendments, however, as permitted by usual rules of the court.

In some states, immunity is already provided under the state's Administrative Procedure Act and this possibility should be considered.

Section 4. Immunity. Any member of the Board or staff and any person reporting to the Board of Nursing under oath and in good faith information relating to alleged incidents of negligence or malpractice or the qualifications, fitness or character of a person licensed or applying for a license to practice nursing shall not be subject to a civil action for damages as a result of reporting such information.

The immunity provided by this section shall extend to the members of any professional review committee and witnesses appearing before the committee authorized by the Board to act pursuant to this section.

Article | **Comment**

Article X. Injunctive Relief.

Section 1. Grounds. The Board is empowered to petition in its own name to a proper court of competent jurisdiction for an injunction to enjoin:

(a) Any person who is practicing nursing within the meaning of this Act from practicing without a valid license, unless so exempted under Article XII.

(b) Any licensee who appears to the Board to be in violation of this Act from practicing~~; or~~,

(c) Any person, firm, corporation, institution or association from employing any person who is not licensed to practice nursing under this Act or exempted under Article XII.

(d) Any person, firm, corporation, institution or association from operating a school of nursing without approval.

Section 2. Procedure. Upon the filing of a verified petition in such court, the court, or any judge thereof, if satisfied that a violation as described in Section 1 has occurred, may issue an injunction, without notice or bond, enjoining the defendant from further violating this provision. A copy of the complaint shall be served on the defendant, and the proceedings thereafter shall be conducted as in other civil cases. In case of violation of an injunction issued under this Article, the court, or any judge thereof, may summarily try and punish the offender for contempt of court.

Section 3. Preservation of Other Remedies. The injunction proceedings herein described shall be in addition to, not in lieu of, all penalties and other remedies provided in this Act.

Article	Comment

Article XI. Reporting Required.

Section 1. Affected Parties.

(a) Hospitals, nursing homes and other employers of Registered Nurses ~~and~~, Licensed Practical Nurses and Advanced Practice Registered Nurses shall report to the Board the names of those licensees whose employment has been terminated voluntarily or involuntarily for any reasons stipulated in Article IX, Section ~~1~~ 2.

(b) Nursing associations shall report to the Board the names of Registered Nurses ~~and~~, Licensed Practical Nurses and Advanced Practice Registered Nurses who have been investigated and found to be a threat to the public health, safety and welfare for any of the reasons stipulated in Article IX, Section 2.

(c) Insurance companies shall report to the Board any malpractice settlements or verdicts, court awards or payment of claims based on accusations of incompetence, negligence, misconduct or other causes as stipulated in Article IX, Section 2.

Section 2. Court Order. The Board may seek an order from a proper court of competent jurisdiction for a report from any of the parties stipulated in Section 1 of this Article if one is not forthcoming voluntarily.

Section 3. Penalty. The ~~board~~ Board may seek a citation for civil contempt if a court order for a report is not obeyed by any of the parties stipulated in Section 1 of this Article.

Section 4. Immunity. Any organization or person reporting, in good faith, information to the Board under this Article shall be immune from civil action as provided in Article IX, Section 4.

Article | **Comment**

Article XII. Exemptions.

No provision in this Act shall be construed to prohibit:

(a) The practice of nursing that is an integral part of a program by students enrolled in approved nursing education programs leading to initial licensure in the practice of nursing.

Only students in programs leading to initial licensure should be exempted.

All other students, namely those in graduate, refresher courses or certification programs, should be expected to seek licensure in the jurisdiction where enrolled in the program; licensure is required to ensure that their practice meets safe minimal standards and can be a basis for continuing study.

(b) The rendering of assistance by anyone in the case of an emergency or disaster;

It should be noted that no exemption is made for care without compensation. Standards for safe and effective care are expected to apply to all care providers regardless of whether or not it is provided free of charge.

(c) The practice of any currently licensed Registered Nurse ~~or~~, Licensed Practical Nurse or Advanced Practice Registered Nurse of another state in the provision of nursing care in the case of emergency or disaster.

(d) The incidental care of the sick by members of the family, friends, domestic servants or persons primarily employed as housekeepers, provided that such care does not constitute the practice of nursing within the meaning of this Act;

(e) Caring for the sick in accordance with tenets or practices of any church or religious denomination which teaches reliance upon spiritual means through prayer for healing;

(f) The practice of any currently licensed Registered Nurse ~~or~~, Licensed Practical Nurse or Advanced Practice Registered Nurse of another State who is employed by the United States government, or any bureau, division or agency thereof, while in the discharge of official duties;

Federal law requires this exemption. This has been problematic for Boards of Nursing because of the difficulty of monitoring these nurses. States should establish a method for identifying nurses who work in federal facilities as to the currency of the individual licenses.

(g) The practice of any currently licensed Registered Nurse ~~or~~, Licensed Practical Nurse or Advanced Practice Registered Nurse of another State who is employed by an individual, agency or corporation located in another State and whose employment responsibilities include transporting patients into, out of, or through this State. Such exemptions shall be limited to a period not to

This exemption allows for short-term nursing care by nurses in the state on a transient basis. Time limitations should be reasonable but restrictive enough to uphold the mandatory nature of the Act.

Providing or affecting patient care is the practice of nursing and should require in state licensure for the protection of the health, safety and welfare of the

Article	Comment
exceed ( ) hours for each transport;	*state's residents.*
(h) The practice of any currently licensed Registered Nurse ~~or~~, Licensed Practical Nurse or Advanced Practice Registered Nurse of another state who provides or attends educational programs or provides consultative services within this state for a period not to exceed ( ) days. Neither the education nor consultation may include the provision of patient care, the direction of patient care, or the affecting of patient care policies;	
(i) The establishment of an independent practice by one or more licensed nurses for the purpose of rendering to patients nursing services within the scope of their educational preparation and the scope of the license to practice nursing;	
(j) The practice of any other occupation or profession licensed under the laws of this state, provided that such care does not constitute the practice of nursing within the meaning of this act.	*Provides for restriction on nursing practice by those who are not nurses.*

Article | **Comment**

Article XIII. Revenue, Fees.

Section 1. Revenue. The Board is authorized to establish appropriate fees for licensure by examination, reexamination, endorsement and such other fees and fines as the Board determines necessary.

Section 2. Disposition of Fees. All fees collected by the Board shall be administered according to the established fiscal policies of this State in such manner as to implement adequately the provisions of this Act.

Some states require that maximum or minimum fee limitations be stipulated in the statute. However, it is more desirable not to do so in order to enable the Board to more readily respond to changing economic and financial conditions through its administrative rules. Because the Board is subject to the state's Administrative Procedure Act when adopting and/or revising its administrative rules, those subject to the fees and fines would be adequately protected from the establishment of inappropriate fees.

A board of nursing may be authorized to establish appropriate fees and fines, or, if it functions within a state agency concerned with licensure, this state agency may establish appropriate fees for all licensing boards. In either case, there should be some reference to establishment of fees and fines within this act. Funds generated by Boards of Nursing are generally dealt with in one of three ways:

(1) The Board of Nursing maintains its own account in a bank or banks of its own choosing and provides periodic reports to certain state officials.

(2) The Board of Nursing has its own dedicated fund within the state treasury. Though funds are credited to the Board of Nursing and must be dispersed in accordance with state law, the funds are in fact a type of revolving fund and usually do not terminate at the conclusion of a specific period, such as the end of a fiscal year.

(3) The Board of Nursing deposits all funds received into the general treasury and receives an appropriation from the state legislature in the same manner as other state agencies are funded. In these instances, the appropriations usually lapse at the end of a certain period, and new appropriations are required.

The general view is that if regulatory activities in fact serve a public protective function, they should

Article	Comment
	be financed by appropriations from general revenues, as are other consumer protection activities, rather than from fees. In addition, budgetary and appropriation processes provide a legislative and executive check on government agencies and, thus, increase their accountability. Although budgetary decisions involve politics, the appropriations process gives elected and appointed officials the power to compel performance and results. In most states, every agency of state government is subject to the appropriations process.
Section 3. Disposition of Fines. All fines collected shall be used by and at the discretion of the Board for designated projects as established in the fiscal policy of this state.	*Allows the Board at their discretion to use ~~find~~ fine funds for the Board projects rather than going into the state's general fund that is used by others.*

Article	Comment

Article XIV. Implementation.

Section 1. Effective Date. This Act shall take effect (date).

Section 2. Persons Licensed Under a Previous Law.

(a) Any person holding a license to practice nursing as a Registered Nurse in this State that is valid on (effective date) shall be deemed to be licensed as a Registered Nurse under the provisions of this Act and shall be eligible for renewal of such license under the conditions and standards prescribed in this Act.

(b) Any person holding a license to practice nursing as a Licensed Practical Nurse in this State that is valid on (effective date) shall be deemed to be licensed as a Licensed Practical Nurse under the provisions of this Act and shall be eligible for renewal of such license under the conditions and standards prescribed in this Act.

(c) Any person eligible for reinstatement of a license to practice nursing as a Registered Nurse or as a Licensed Practical Nurse in this State on (effective date) shall be deemed to be eligible to be licensed as a Registered Nurse or as a Licensed Practical Nurse, respectively, under provisions under the conditions and standards prescribed in this Act.

(d) Any person holding a lapsed license to practice nursing as a Registered Nurse or Licensed Practical Nurse in this State on (effective date), because of failure to renew, may become licensed as a Registered Nurse or as a Licensed Practical Nurse, respectively, under the provisions of this Act by applying for reinstatement according to rules established by the Board of Nursing. Application for such reinstatement must be made within ( ) months of the effective date of this Act.

(e) Those so licensed under the provisions of Article XIV, Section 2, (a) through (d) above, shall be eligible for renewal of such license under the conditions and standards prescribed in this Act.

When a nursing practice statute is repealed or substantially amended, the creation of provisions enabling persons licensed under the previous law to be licensed under the new statute should be considered. Such a provision is often referred to as a waiver, or "grandfather" provision.

If requirements for licensure and titles are changed, new requirements can be "waived" and persons licensed under the previous law are "grandfathered" into new titles.

If the requirements for licensure are not changed, the provision is usually simply referred to as a "grandfather clause." Nurses can be "grandfathered" into new scopes of practice. However, a scope of practice cannot be "waived."

Article	Comment

(f) New applicants for Advanced Practice Registered Nurse licensure as of (effective date of statute) shall meet all requirements set forth in administrative rules. Any individual authorized to practice in an advanced role prior to (effective date) may be granted an interim license as a Advanced Practice Registered Nurse until completion of additional educational requirements set forth by rule. Effective (specific date), every Advanced Practice Registered Nurse shall have completed all educational requirements set forth by rule.

Some states may have no existing licensure requirement for advanced nursing practice or have used another approach toward recognition of practice. Frequently, provisions to "grandfather" persons already practicing in a role are provided.

There are three approaches to implementing regulations for a new licensure category:

(1) All requirements must be met on the effective date of the legislation (no grandfathering);

(2) Individuals practicing at an advanced level at the effective date of the legislation may apply for interim licenses on the basis of current practice. After a future date certain (giving notice and time to comply), the licensee would be expected to have met all requirements (temporary grandfathering); or

(3) Individuals practicing at an advanced level at the effective date of the legislation may apply for licensure on the basis of their current practice. This licensure continues as long as licensure renewal requirements are met (grandfathering).

The temporary grandfathering provision shown in (f) provides opportunity for nurses to comply with requirements while still allowing them to practice. The public is protected because all requirements will be met within an identified time frame. This is the recommended approach for the model language. However, each jurisdiction needs to assess the current educational and health care environment and select the most realistic approach for their situation.

Section 3. Severability. The provisions of this Act are severable. If any provision of this Act is declared unconstitutional, illegal or invalid, the constitutionality, legality and validity of the remaining portions of this Act shall be unaffected and shall remain in full force and effect.

Section 4. Repeal. The laws specified below are repealed except with respect to rights and duties that have matured, penalties that were incurred and proceedings that were begun before the effective date of this Act. (List statute(s) to be repealed; for example, the current nursing practice act or appropriate section(s)).

Report of the Subcommittee to Study Regulatory Models for Chemically Dependent Nurses

Historical Background

The Subcommittee to Study Regulatory Models for Chemically Dependent Nurses was established in 1988 as a subcommittee of the Nursing Practice and Education Committee. The subcommittee was charged with the responsibility to develop a funding proposal to study regulatory models for chemically dependent nurses and the effectiveness of these models. The anticipated outcomes of the study will provide Member Boards and other policy-making groups with information that would allow them to identify an approach that would be most appropriate in terms of rehabilitating chemically dependent nurses and protecting the recipients of nursing care. The study would examine rates of return to, or maintenance of, active license status, return to work, and recidivism in terms of characteristics of the nurse, substance(s) abused, work setting and environment, type of management/rehabilitation model, and cost.

Activities

The chair met with the Nursing Practice and Education Committee during its October 1991 meeting to provide information about proposal content and announce that it had been submitted to the National Institute of Drug Abuse (NIDA) on October 1, 1991. An overview of the proposal is provided in another section.

In response to notification from NIDA that the proposal was not approved for funding, the subcommittee will meet in June 1992 to review evaluative feedback and to identify future directions.

Overview of Proposed Study

A funding proposal entitled, "Workplace and State Policies: Impact on Nurse Drug Abuse" was submitted to the National Institute of Drug Abuse on October 1, 1991. The study, to be conducted over a five-year period, is a collaborative effort by the Center for Health Policy Research of the George Washington University and the National Council of State Boards of Nursing. The purpose of the study is to examine the impact of workplace and state regulatory approaches on nurses identified as having substance abuse problems. The specific aims of the study are to examine the effects of workplace policies and state disciplinary regulations on the nurse's licensure status, employment status, and reduction of drug use. In addition, the study proposes to identify risk factors within the workplace and the nurse's individual and family background that are related to the etiology, maintenance and recurrence of substance abuse. The study will employ a longitudinal design which will involve a face-to-face psychiatric interview, followed by telephone interviews on a bi-monthly basis over a two-year period. A random sample of 40 nurses will be selected from each of 12 states. Six states have been chosen to represent the least punitive regulatory approaches and six states have been chosen to represent the most punitive approaches. This sample of 480 individuals will be followed for 24 months, beginning at the time they are either diverted into a substance abuse rehabilitation program or formal disciplinary action has been taken against their license. Progress in recovery as well as changes in the nurses' occupational functioning will be monitored. Data collection will include interviews, surveys, urine screens and analysis of the state regulatory process.

Committee Members

Jean Sullivan, WA-RN/WA-PN, Area I, *Chair*
Pat Duphorne, NM, Area I
Mary Haack, *Consultant*
Cennette Jackson, GA-RN, Area III
Marsha Straus, OH, Area II

Staff

Carolyn J. Yocom, *Director of Research Services*

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RESOLUTIONS COMMITTEE
& NEW BUSINESS

Report of the Resolutions Committee

The committee held a conference call on May 13, 1992, to review the two resolutions received. The committee followed the policies and procedures established by the Board of Directors in reviewing the resolutions for inclusion in the *Book of Reports*.

The committee will meet during the 1992 Delegate Assembly to review any additional resolutions received by 5:00 p.m. on Thursday, August 20, 1992. The committee will conduct the Resolutions Forum at 8:00 a.m. on Saturday, August 22, 1992.

Committee Members

Debra Brady, NM, Area I, *Chair*
Susan Boone, OH, Area II
Joy Fleming, TX-VN, Area III
Cynthia Flynn Capers, PA, Area IV

Finance Committee Representative

Charlene Kelly, NE, Area II

Staff

Thomas C. Vicek, *Director of Operations*

Resolution for Endorsement of Nursing's Agenda for Health Care Reform

WHEREAS, *Nursing's Agenda for Health Care Reform* (Agenda) represents a major forward step for the nursing profession, in expressing the philosophy of nursing that quality of health care should be available to all; and

WHEREAS, The Agenda's "core of care" is a restructuring of health care resources to be available to everyone through integration of public and private financial plans/services; and

WHEREAS, The Agenda's call for planned change incorporates steps to reduce health care costs, the use of case management to decrease the fragmentation of health care, provisions for long term care, and reforms in insurance plans; and

WHEREAS, The *Nursing's Agenda for Health Care Reform* has been endorsed by at least 45 national nursing organizations; and

WHEREAS, The National Council is comprised of regulatory agencies which are charged with the responsibility to protect the public health, safety and welfare through the regulation of nursing practice; and

WHEREAS, Regulatory boards, which are charged to protect the public health, safety and welfare, should support all concepts which affect broader delivery of care and preventative measures in the health care delivery system for all; and

WHEREAS, New approaches to health care and health promotion will certainly require regulatory change, thus impacting nursing and other regulatory bodies; and

WHEREAS, Through active participation in the change process, input as to the regulatory implications for Member Boards would assist in a positive outcome rather than deter from the plan; now therefore, be it

RESOLVED, That the National Council of State Boards of Nursing, Inc., endorses the *Nursing's Agenda for Health Care Reform.*

Submitted by Pennsylvania State Board of Nursing

Resolution Committee Action

Recommendation to not adopt because certain aspects of the resolution are not in keeping with the National Council's mission statement.

The Fiscal Impact Statement follows on pages six and seven.

The committee has added an Executive Summary of Nursing's Agenda for Health Care Reform on the following two pages.

Nursing's Agenda for Health Care Reform

Executive Summary

America's nurses have long supported our nation's efforts to create a health care system that assures access, quality, and services at affordable costs. This document presents nursing's agenda for immediate health care reform. We call for a basic "core" of essential health care services to be available to everyone. We call for a restructured health care system that will focus on the consumers and their health, with services to be delivered in familiar, convenient sites, such as schools, workplaces, and homes. We call for a shift from the predominant focus on illness and cure to an orientation toward wellness and care. The basic components of nursing's "core of care" include:

- A restructured health care system which:
  - Enhances consumer access to services by delivering primary health care in community-based settings.
  - Fosters consumer responsibility for personal health, self care, and informed decision-making in selecting health care services.
  - Facilitates utilization of the most cost-effective providers and therapeutic options in the most appropriate settings.

- A federally-defined standard package of essential health care services available to all citizens and residents of the United States, provided and financed through an integration of public and private plans and sources:
  - A public plan, based on federal guidelines and eligibility requirements, will provide coverage for the poor and create the opportunity for small businesses and individuals, particularly those at risk because of preexisting conditions and those potentially medically indigent, to buy into the plan.
  - A private plan will offer, at a minimum, the nationally standardized package of essential services. This standard package could be enriched as a benefit of employment or individuals could purchase additional services if they so choose. If employers do not offer private coverage, they must pay into the public plan for their employees.

- A phase-in of essential services, in order to be fiscally responsible:
  - Coverage of pregnant women and children is critical. This first step represents a cost-effective investment in the future health and prosperity of the nation.
  - One early step will be to design services specifically to assist vulnerable populations who have had limited access to our nation's health care system. A "Healthstart Plan" is proposed to improve the health status of these individuals.

- Planned change to anticipate health service needs that correlate with changing national demographics.

- Steps to reduce health care costs include:
  - Required usage of managed care in the public plan and encouraged in private plans.
  - Incentive for consumers and providers to utilize managed care arrangements.
  - Controlled growth of the health care system through planning and prudent resource allocation.
  - Incentives for consumers and providers to be more cost efficient in exercising health care options.
  - Development of health care policies based on effectiveness and outcomes research.
  - Assurance of direct access to a full range of qualified providers.
  - Elimination of unnecessary bureaucratic controls and administrative procedures.

- Case management will be required for those with continuing health care needs. Case management will reduce the fragmentation of the present system, promote consumers' active participation in decisions about their health, and create an advocate on their behalf.

- Provisions for long term care, which include:
  - Public and private funding for services of short duration to prevent personal impoverishment.
  - Public funding for extended care if consumer resources are exhausted.
  - Emphasis on the consumers' responsibility to financially plan for their long term care needs, including new personal financial alternatives and strengthened private insurance arrangements.

- Insurance reforms to assure improved access to coverage, including affordable premiums, reinsurance pools for catastrophic coverage, and other steps to protect both insurers and individuals against excessive costs.

- Access to services assured by no payment at the point of service and elimination of balance billing in both public and private plans.

- Establishment of public/private sector review - operating under federal guidelines and including payers, providers, and consumers - to determine resource allocation, cost reduction approaches, allowable insurance premiums, and fair and consistent reimbursement levels for providers. This review would progress in a climate sensitive to ethical issues.

Additional resources will be required to accomplish this plan. While significant dollars can be obtained through restructuring and other strategies, responsibility for any new funds must be shared by individuals, employers, and government, phased in over several years to minimize the impact.

The Executive Summary was published by the National League for Nursing, 350 Hudson Street, New York, NY 10014.

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.

FISCAL IMPACT STATEMENT - DESCRIPTION

TITLE OF PROPOSAL: Resolution for Endorsement of Nursing's Agenda for Health Care Reform

Proposed by: Pennsylvania State Board of Nursing Name Christine Alichnie, RN, PhD

Date April 15, 1992 Committee N/A

Will this proposal generate revenue? ____________ Please describe below:

EXPENSES

1. Does this proposal require a committee? NO

   How many members are anticipated including the chairperson? ____________

   How often would the committee meet? ____________

2. How many mailings would this proposal require? Information may be incorporated in the current newsletter/mailings

   To whom? ____________

3. Printing (surveys, special reports, etc.) Please describe:

4. Other than committee meetings, is travel required? ____________

   Please describe: Travel would be incorporated into already scheduled meeetings, such as Tri-Council, ANA, and NLN meetings

5. What type of consultation is required (i.e., legal, computer, etc.)?

   Originally, National Council may desire legal consultation to review the Agenda for Health Care Reform. Basically, most of the grass roots will occur at the state level for implementation plans. The resolution is a philosophical support stance in behalf of the concept for health care reform.

6. Other. Please describe:

7. Projected beginning date: Project stop and start dates may not be applicable since the resolution is only a philosophical

   Projected completion date: support of a concept to health care reform.

KJH/mcl/021291

TITLE OF PROPOSAL: Resolution for Endorsement of Nursing's Agenda for Health Care Reform

FISCAL IMPACT - SUMMARY

REVENUE

N/A ______ $______

______ $______

EXPENSES The maker of the resolution foresees cost expenditures to be incorporated into current operational expenses, example travel to Tri-Council meetings.

A. DIRECT COST

1. Committee Meetings

$875 per member airfare x ______ (# of members) x ______ (# of meetings) = $______

$225 per day per diem x ______ (# of members) x ______ (# of days) = $______

$225 per telephone conference x ______ (# of Telephone Conferences) = $______

2. Mailings

$0.32 per letter x ______ (# of mailings) x ______ (# mailed) = $______

$2.50 per 9 x 12 manila envelope (First Class) x ______ (# of mailings) x ______ (# mailed) = $______

$9.75 per Overnight Mail x ______ (# of mailings) x ______ (# mailed) = $______

3. Printing and Copying

A. ______ (# of reports) x ______ (# of pages) = Total pages

B. ______ (total # of pages) x $0.05 = $______

4. Other Travel

$875 per person airfare x ______ (# of persons) x ______ (# of meetings) = $______

$225 per day per diem x ______ (# of persons) x ______ (# of days) = $______

5. Consultation

A. Legal Fees

$200 per hour x ______ (# of hours) x ______ (# of meetings) = $______

B. Other Consultation

$______ per hour x ______ (# of hours) x ______ (# of meetings) = $______

6. Other

$______ per ______ x ______ = $______

B. INDIRECT COST

1. Professional and support time required:

Total ______ hours = $______

Total Revenue: $ ______

Total Expenses: $ ______

Net: $ ______

Indirect Cost: $ ______

KJH/mct/03192

Resolution on Financing Jurisdictional Participation at Delegate Assembly

WHEREAS, Economic conditions have impacted negatively on jurisdictional representation to the National Council of State Board of Nursing's Delegate Assembly during the past two years; and

WHEREAS, The continuing legitimacy, stability, and qualitative outcome of the National Council's Delegate Assembly decision-making process is dependent on representation from each jurisdiction; now, therefore, be it

RESOLVED, That the Board of Directors of the National Council shall assure such representation by developing a means to finance the annual participation of a representative of each jurisdiction in the Delegate Assembly beginning in 1993.

Submitted by Delaware Board of Nursing

Resolution Committee Action

Submitted without recommendation.

The Fiscal Impact Statement follows on pages ten and eleven.

A summary of the Finance Committee's Member Board Survey on modes and costs of participation in the Delegate Assembly will be provided in a subsequent mailing prior to the Delegate Assembly.

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.

FISCAL IMPACT STATEMENT - DESCRIPTION

TITLE OF PROPOSAL: Resolution on Financing Jurisdictional Participation at Delegate Assembly

Proposed by: Delaware Board of Nursing Name Maureen Lauterbach, President

Date April 14, 1992 Committee ______

Will this proposal generate revenue? No **Please describe below:**

______

EXPENSES

1. **Does this proposal require a committee?** No

   How many members are anticipated including the chairperson? ______

   How often would the committee meet? ______

2. **How many mailings would this proposal require?** ______

   To whom? ______

3. Printing (surveys, special reports, etc.) Please describe:

4. Other than committee meetings, is travel required? ______

   Please describe: ______

5. What type of consultation is required (i.e., legal, computer, etc.)?

6. Other. Please describe:

7. Projected beginning date: 1993 Delegate Assembly

   Projected completion date: Continuing Thereafter

KJH/mct/021291

TITLE OF PROPOSAL: Resolution on Financing Jurisdictional Participation at Delegate Assembly

FY 1993 FISCAL IMPACT - SUMMARY

REVENUE

______________________________ $______________

______________________________ $______________

EXPENSES

A. DIRECT COST

1. Committee Meetings

$875 per member airfare x 62 (# of members) x 1 (# of meetings) = $54,250

$225 per day per diem x 62 (# of members) x 3 (# of days) = $ 41,850

$225 per telephone conference x ________ (# of Telephone Conferences) = $________

2. Mailings

$0.32 per letter x ________ (# of mailings) x ________ (# mailed) = $________

$2.50 per 9 x 12 manila envelope (First Class) x ________ (# of mailings) x ________ (# mailed) = $________

$9.75 per Overnight Mail x ________ (# of mailings) x ________ (# mailed) = $________

3. Printing and Copying

A. ________ (# of reports) x ________ (# of pages) = Total pages

B. ________ (total # of pages) x $0.05 = $________

4. Other Travel

$875 per person airfare x ________ (# of persons) x ________ (# of meetings) = $________

$225 per day per diem x ________ (# of persons) x ________ (# of days) = $________

5. Consultation

A. Legal Fees

$200 per hour x ________ (# of hours) x ________ (# of meetings) = $________

B. Other Consultation

$________ per hour x ________ (# of hours) x ________ (# of meetings) = $________

6. Other Conference Registration Fee

$ 325. per ________ x 62 = $ 20,150

B. INDIRECT COST

1. Professional and support time required:

Total ________ hours = $________

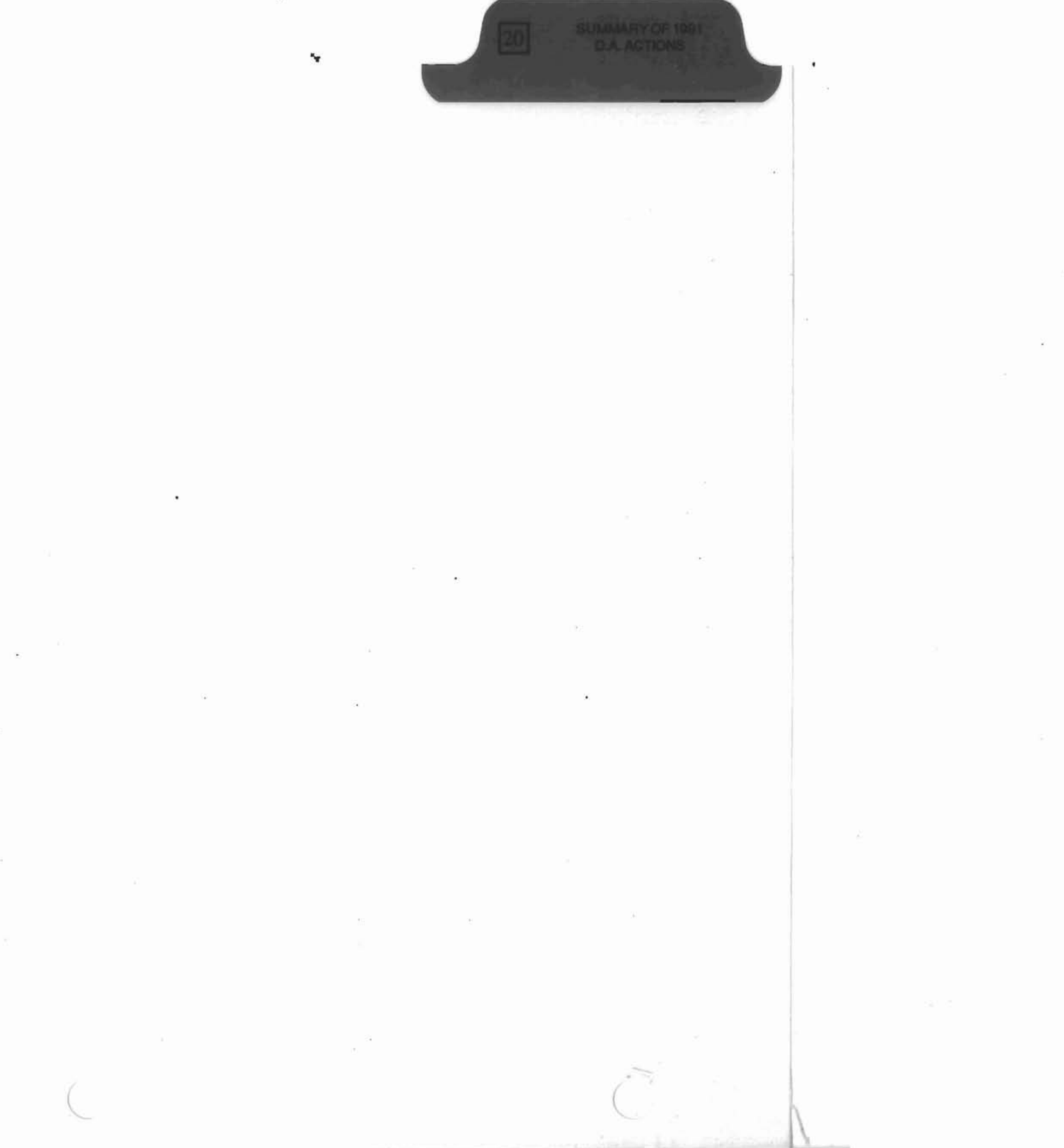
Total Revenue: $ ________

Total Expenses: $ 116,250

Net: $ ________

Indirect Cost: $ ________

KJH/mct/03192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SUMMARY OF 1991
O.A. ACTIONS

Summary of 1991 Delegate Assembly Action and Subsequent Implementation

The 1991 Delegate Assembly passed motions directing:

1.a. That computerized adaptive testing (CAT) be the examination method for all National Council licensure examinations, NCLEX.

> A CAT master plan for December 1991 through July 1993 has been created and disseminated. To date, all steps in the plan have been implemented. The Board of Directors has monitored implementation at each Board meeting. Details are included in the Board of Directors' report to the Delegate Assembly and opportunity for questions will be given at the Board's forum at the Annual Meeting. Four *CAT Communiqués* have been published to Member Boards, to provide updates on activities.

1.b. That the conversion from paper-and-pencil to CAT occur at one point in time for all jurisdictions.

> This fact was communicated to potential vendors in the Request for Proposals (RFP). All bidders have incorporated it into their proposals.

1.c. That the National Council will contract with a national vendor(s) for the CAT administration of NCLEX in all jurisdictions.

> The RFP was issued in September 1991. Five responses from qualified vendors were received. The three proposals best meeting the established criteria were identified by the Board of Directors in February 1992, and contract negotiations are underway with all companies so that final terms of each vendor's services can be announced to the delegates prior to the 1992 Annual Meeting.

1.d. That the transition timeline be established following the receipt of proposals from qualified vendor(s) so that implementation occurs at a point mutually agreed upon between the National Council and the selected vendor(s) but no sooner than November 1993.

> All bidders have proposed implementation dates in early 1994, subject to meeting the "go/no go" criteria to be established by the 1993 Delegate Assembly. Specific dates will be included in informational materials regarding the proposals.

1.e. That the Board of Directors be authorized to negotiate a contract extension with CTB MacMillan/McGraw-Hill for paper-and-pencil administration, if necessary, to provide services during the transition between July 1993 NCLEX-RN and implementation of CAT. The contract is to be negotiated at a price not to exceed the current test service prices, providing certain conditions are met regarding the number of examinations to be covered during the transitional period and the candidate volume does not significantly decrease.

> CTB has been notified of the National Council's desire to extend paper-and-pencil administrations through at least October 1993. The identification of additional examinations for paper-and-pencil is awaiting the Delegate Assembly's selection of a vendor.

2. That research and development on computerized clinical simulation testing (CST) be continued within a three- to four-year time frame and include annual reports to the Delegate Assembly which evaluate progress and implications for future development.

A second proposal requesting a grant, over a three-year period, was submitted to the W.K. Kellogg Foundation in October 1991. Action on the request is anticipated in August or October 1992, at the earliest. An additional proposal requesting supplemental funding for the project was submitted to the Helene Fuld Health Trust in February 1992. We have been notified that final action on this request will not be taken until the outcome of the Kellogg Foundation's review is known. Please see the report of the Steering Committee, CST Project, for details of the research efforts during the past year. Due to the Kellogg Foundation's delay in taking action regarding our request for grant funds, it is anticipated that the second phase of CST research will not be completed until spring 1996, at the earliest.

3. That the National Council provide computer linkage allowing Member Boards to have access to the National Council's Disciplinary Data Bank.

Following the completion of the pilot of electronic access to the data bank in 1991, the facility for access remained in place for any interested users. Following redesign of the data bank and conversion of existing data to the new computer system, Member Boards will have the capability of accessing the data bank via dial-up telephone lines.

4.a. That the bylaws be amended to allow that "*The President shall have served as a delegate or committee member or an officer prior to being elected to the office.*"

This change was published to Member Boards following the 1991 Delegate Assembly and in materials regarding nominations for office.

4.b. That the bylaws be amended to allow that "*The Committee on Nominations shall submit a slate of candidates for the positions to be filled...*"

This amendment allows a slate to be submitted with possibly only one candidate per office, and was made due to the committee's difficulties in prior years with obtaining the required two candidates per office. The slate as submitted (see report of Committee on Nominations) includes multiple nominations for all positions except one (Area IV, Committee on Nominations).

5. That the bylaws be adopted to create a six-member set of alternate members to the Examination Committee. An alternate can be called upon at any time to serve temporarily as a member. Alternates may serve on the Examination Committee a total of twelve consecutive years, with a maximum of six consecutive years as a [regular] committee member.

The current set of alternates to the Examination Committee consists of four former members of the committee.

6. That the Delaware Board of Nursing be authorized to administer the NCLEX-PN in Germany to qualified 91Cs in October 1991, October 1992 and October 1993.

The Delaware Board administered the NCLEX-PN to 44 91Cs in Landstuhl, Germany, in October 1991. Compliance with all security measures was certified and no unusual incidents were reported.

7. That future NCLEX-RN and NCLEX-PN administrations be analyzed for the relationship between time, English proficiency and performance on the examinations, with results reported to the 1992 Delegate Assembly, including data from CAT-RN field tests.

Data regarding time and English-as-a-Second-Language (ESL) were collected beginning with the February 1992 NCLEX-RN. A report analyzing the February examination results is included in the Board of Directors' report; a report analyzing April results will be sent to *Book of Reports* holders in a supplemental mailing.

8. That the National Council study issues related to the use of licensure examinations in Manitoba and other similarly situated provinces/countries and that a report describing the options be presented to the 1992 Delegate Assembly.

The report on this issue is included in the Board of Directors' report, with options and a recommendation.

9. That the National Council review the agenda for the Annual Meeting, beginning with the 1993 Annual Meeting, and consider condensing the time to accomplish the business meeting within three calendar days.

Changes that were possible to make in the 1992 schedule, given existing contracts, have been made to shift the time of the Annual Meeting closer to the weekend; the business meetings for the Delegate Assembly occur between Wednesday and Saturday, with educational pre-sessions on Tuesday. For 1993, the meeting has been planned in keeping with the resolution; all business will be conducted Thursday through Saturday, August 5-7, 1993, in Orlando, Florida.

10. That the Executive Director of the National Council write a letter to Governor Stephens and Montana Board President, Elizabeth Campo, to express the National Council's position in unequivocal terms regarding the importance of the integrity of the regulatory board's disciplinary process, and that the National Council believes that any single board's disciplinary process that is based on state statutes and practice act is an expression of the National Council's commitment to the protection of the public health, safety and welfare.

A letter in accord with the resolution was sent to Governor Stephens and Elizabeth Campo on August 19, 1991. All Member Boards received a copy. No inquiries or responses were received regarding the letter.

11. That, given the November 1993 expiration of the contract with The Psychological Corporation (TPC), the Delegate Assembly direct the Board of Directors to select and contract with a test service for the NACEP for the period beginning with the expiration of the current contract.

The Board of Directors, with the NACEP Committee, identified specific criteria for renegotiation with The Psychological Corporation (of which TPC has been informed), and another set for issuance of a Request for Proposals. In order to avoid dealing with renegotiation or RFP development concurrent with the CAT proposal/ negotiation process, and to allow TPC to honor longer-term contracts with states which it had negotiated, the Board extended the contract with TPC for one year. The decision regarding renegotiation vs. issuance of an RFP will be on the Board's agenda for a future meeting.

12. Adoption of specific dates and alternate dates for licensure examinations in the year 2001.

The dates were publicized to Member Boards and other affected parties.

13. That there will be no change in the *NCLEX-PN Test Plan*.

This decision was publicized in a newsrelease and *Issues* following the Annual Meeting.

14. To adopt the "Conceptual Framework for Continued Competence" and "Nursing Care in the School Setting: Regulatory Implications" papers.

The adoption of these papers was announced in a newsrelease following the Annual Meeting. The papers were disseminated to Member Boards and made available to others upon request.

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FY92 OPERATIONAL PLAN
& BUDGET

NATIONAL COUNCIL OPERATIONAL PLAN (FY92)

as of October 22, 1991

Goal I. **Develop, promote, and provide relevant and innovative services.**

Objective A. **Develop licensure examinations that are based upon current accepted psychometric principles and legal considerations.**

Strategy 1. Collect data relative to competencies for nursing practice.

a. Monitor the entry into practice issue and present an updated report to the Delegate Assembly annually. (NPE) Funded under Nursing Practice and Education Committee.

b. Conduct research on the job-relatedness of the licesnure examinations. (ST) Funded under Research.

c. Perform evaluation of job analysis data collection instrument and pilot test revisions. (ST) Funded under Research.

d. Plan for implementation of role delineation study in FY93. (ST) Funded under Research.

e. Plan for conduct of RN Job Analysis in FY93. (ST) Funded under Research.

f. Review outcomes of evaluation of job analysis data collection tool and review plans for conducting the FY93 entry-level RN Job Analysis and the Role Delineation Study. (JAMP) Funded under Job Analysis Monitoring Panel.

g. Collect and complile supplemental data for PN and RN standard setting. (ST) Funded under NCLEX support costs.

Strategy 2. Establish the directions for the development of licensure examinations based on ongoing job analysis and role delineation studies.

a. Determine the psychometric properties of the licensure examinations. (EC) Funded under test service contract and NCLEX support costs.

b. Monitor development of licensure examinations and recommend modifications as necessary. (EC) Funded under test service contract and NCLEX support costs.

c. Report on NCLEX item pool studies and need for item writers and panel of content experts. (EC) Funded under test service contract and NCLEX support costs.

d. Monitor compliance of NCLEX test service with contract provisions. (BOD) Funded under NCLEX support costs.

e. Review and report the effectiveness of current statistical approaches to reducing potential bias in the licensure examinations. (EC) Funded under NCLEX support costs and test service contract.

See Appendix A for Key to Responsible Party, denoted by initials in parentheses

f. Evaluate NCLEX-PN dimensionality. (CTB, EC) Funded under test service contract and NCLEX support costs.

g. Investigate measurement scale stability of the licensure examinations. (CTB, EC) Funded under test service contract.

Strategy 3. Continue to develop test plans for licensure examinations that are based on current nursing practice.

a. Review and revise Guidelines for NCLEX-PN Item Writers. (EC) Funded under NCLEX support costs and Publications.

b. Continue development of operational definitions to guide the coding of items to the test plan. (EC, CTB) Funded under test service contract.

Strategy 4. Implement computerized adaptive testing for the licensing examinations.

a. Oversee transition to CAT. (CAT) Funded under CAT designated fund.

b. Identify, appoint, and delineate responsibilities of CAT committees and teams. (BOD) Funded under Board of Directors.

c. Provide direction to and monitor activities of CAT committees and teams. (BOD) Funded under Board of Directors.

d. Plan and conduct communication activities for CAT. (CEIT) Funded under CAT designated fund.

e. Issue requests for proposals (RFPs) for potential vendors for CAT. (BOD) Funded under CAT designated fund.

f. Develop evaluation tool and evaluate vendor proposals for testing services. (PET) Funded under CAT designated fund.

g. Collect proposals for beta tests from vendors with the RFP. (BOD) Funded under CAT designated fund.

h. Review proposals from potential vendors for CAT, and select most qualified bidders with whom to negotiate contracts for presentation to 1992 Delegate Assembly. (BOD) Funded under CAT designated fund.

i. Negotiate contracts with the selected vendors. (NT) Funded under CAT designated fund.

j. Present to the 1992 Delegate Assembly for selection negotiated contracts with potential CAT test services. (BOD) Funded under CAT designated fund.

k. Plan for CAT-PN field testing. (CAT-PN) Funded under CAT designated fund.

l. Edit PN item pool as provided by CTB and create CAT-PN item pool for field testing. (CAT-PN) Funded under CAT designated fund.

m. Develop policies related to item pool characteristics required for transition to CAT. (CAT, EC) Funded under CAT designated fund.

n. Develop additional test items in preparation for CAT. (CTB) Funded under test service contract and NCLEX support costs.

o. Test and evaluate CAT software after the database conversion. (ST) Funded under CAT designated fund.

p. Report to 1992 Delegate Assembly status of transition activities regarding CAT. (CAT, BOD) Funded under CAT designated fund.

Strategy 5. Investigate the feasbility of computerized clinical stimulation testing (CST) for initial and continued licensure.

a. Continue research and development on CST and report to the 1992 Delegate Assembly on progress evaluation and implications for future development. (CST) Funded under CST restricted funds.

b. Continue CST database development and model modifications, and finalize model. (ST) Funded under CST restricted funds.

c. Begin process to identify pilot study subjects and sites. (CST) Funded under CST restricted funds.

NATIONAL COUNCIL OPERATIONAL PLAN (FY92)

as of October 22, 1991

Goal I. **Develop, promote, and provide relevant and innovative services.**

Objective B. **Establish policies and procedure for the licensing examinations in nursing.**

Strategy 1. Develop policies and procedures for computer-based testing.

a. Continue the development of policies and procedures for computer-based testing. (AEC, EC, CST, CAT) Funded under CAT designated and CST restricted funds and NCLEX support costs.

b. Prepare to recommend policies related to security measures for computer-based testing to 1993 Delegate Assembly. (AEC) Funded under CAT designated and CST restricted funds.

c. Include consideration of results from CAT-RN field test with respect to English as a Second Language (ESL) in reporting to 1992 Delegate Assembly on CAT policy formulation. (BOD) Funded under NCLEX support costs.

d. Develop procedures for customizing CAT item pools that minimize the possibility of duplication or omission of content. (CTB, EC) Funded under test service contract and NCLEX support costs.

e. Monitor activities developed to enhance the face validity of the CAT item pool. (EC) Funded under test service contract and NCLEX support costs.

Strategy 2. Evaluate policies and procedures for the licensure examinations.

a. Analyze future NCLEX-RN and NCLEX-PN examinations for the relationship between time, English proficiency (of ESL candidates) and performance on the examination, and report the results to the 1992 Delegate Assembly. (BOD) Funded under NCLEX support costs.

b. Monitor the plan for Crisis Management. (AEC) Funded under Administration of Examination Committee.

c. Set NCLEX future dates/alternate dates and report to Delegate Assembly. (AEC) Funded under Administration of Examination Committee.

d. Develop criteria for, monitor and evaluate the Bias Sensitivity Panel Review activities and the effects on the licensure examination. (EC) Funded under Examination Committee.

e. Review existing policies and procedures for test development and administration. (EC, AEC) Funded under Examination Committee and Administration of Examination Committee.

f. Monitor administration of examination in Germany by the Delaware Board. (AEC) Funded under Administration of Examination Committee.

See Appendix A for Key to Responsible Party, denoted by initials in parentheses

g. Visit examination administration sites. (AEC) Funded under Administration of Examination Committee.

h. Negotiate with CTB as needed for paper/pencil test service for FY93 and beyond. (BOD) Funded under Board of Directors.

i. Identify essential components of Member Board contracts for 1993 and beyond; submit to 1992 Delegate Assembly for approval. (BOD) Funded under NCLEX support costs and Board of Directors.

j. Re-evaluate RN passing standard. (BOD) Funded under NCLEX support costs and test service contract.

k. Investigate appropriateness of maximum of 50% first-time real items on licensure examinations. (CTB, EC) Funded under test service contract and NCLEX support costs.

l. Investigate whether the population reference group for statistics should include first-time, foreign candidates. (CTB, EC) Funded under test service contract and NCLEX support costs.

m. Evaluate compliance with Security Measures and investigate and report noncompliance. (AEC) Funded under Administration of Examination Committee.

n. Review and comment on ESL research. (EC, AEC) Funded under NCLEX support costs.

NATIONAL COUNCIL OPERATIONAL PLAN (FY92)

as of October 22, 1991

Goal I. **Develop, promote, and provide relevant and innovative services.**

Objective C. **Provide consultative services for National Council members, groups, agencies, and individuals regarding the safe and effective practice of nursing.**

Strategy 1. Expand and promote orientation and educational programs for Member Boards.

a. Review survey findings on educational programs at annual meeting and propose programs, if appropriate. (CC) Funded under Communications Committee.

b. Prepare and present planning session for Board of Directors and committees. (BOD) Funded under Fall Planning Retreat.

c. Explore systematic mechanism for orientation of new executive directors and strengthening of current executive directors' ability to carry out their responsibilities. (CC) Funded under Communications Committee.

d. Participate in NCLEX Invitational Conferences. (CTB) Funded under test service contract and NCLEX support costs.

e. Provide orientation materials and programs for new staff and Board Members of Member Boards. (CC) Funded under Communications Committee.

Strategy 2. Meet the consultation needs of Member Boards.

a. Promote the Resource Network. (ST) Funded under Resource Network.

b. Participate in providing Resource Network services. (ST) Funded under Resource Network.

c. Maintain a current Resource Network Team. (ST) Funded under Resource Network.

d. Stimulate greater use of NCSBN resources by updating members on available services. (ST) Funded under Public Relations.

e. Publish and routinely distribute staff resource list. (ST) Funded under Publications.

Strategy 3. Monitor the health care delivery system to evaluate implications for safe and effective practice.

a. Monitor current publications, meetings, conferences, workshops, etc., in the health care arena. (ST) Funded under Public Relations.

b. Respond and review on behalf of National Council to issues regarding regulatory implications of proposals affecting the health care system. (BOD) Funded under Board of Directors.

c. Collect information regarding HIV, AIDS issues and monitor trends in HIV, AIDS legislation. (NPE) Funded under Nursing Practice and Education Committee.

See Appendix A for Key to Responsible Party, denoted by initials in parentheses

Strategy 4. Continue to disseminate National Council statements on trends and issues affecting nursing education and nursing practice.

a. Prepare, publish and disseminate Emerging Issues as directed by Board of Directors. (ST) Funded under Publications.

b. Make available previously published position papers on advanced practice, unlicensed personnel, delegation, peer assistance programs, continued competence, and school nursing. (ST) Funded under Publications.

c. Continue to alert Member Boards to potential issues in the health care policy arena. (BOD) Funded under Publications.

d. Plan approaches related to education and practice of handicapped nurses. (NPE) Funded under Nursing Practice and Education Committee.

Strategy 5. Expand dissemination of information about NCSBN and regulatory trends.

a. Continue to implement identified methods of distributing information about the National Council and regulatory trends. (ST) Funded under Publications.

b. Review and disseminate information about state and federal initiatives that have regulatory implications. (BOD) Funded under Publications.

c. Perform surveys and analysis of issues and trends in nursing regulation. (ST) Funded under Research.

Strategy 6. Serve as resource regarding disciplinary data bank.

a. Monitor status of National Practitioner Data Bank (NPDB). (ST) Funded under Disciplinary System.

b. Provide training and orientation to converted disciplinary data bank procedures/forms and provide ongoing assistance in the form of orientation and training for Member Board staff to use forms; develop materials to support this effort. (ST) Funded under Disciplinary System.

c. Facilitate access through computer linkage to disciplinary data bank. (ST) Funded under Disciplinary System.

Strategy 7. Develop Nurse Aide Competency Evaluation Program (NACEP).
(Aide = Nurse Aides working in Long Term Care, Acute Care settings and Home Health)

a. Monitor compliance with the License Agreement with test service. (BOD) Funded under NACEP and test service contract.

b. Oversee the ongoing development of the Nurse Aide Competency Evaluation Program. (NACEP) Funded through test service contract.

c. Continue the process for the inclusion of aides from all settings in NACEP. (NACEP) Funded through test service contract.

d. Market Nurse Aide Competency Evaluation Program to state agencies responsible for evaluation of all nurse aides. (TPC) Funded through test service contract and Nurse Aide Competency Evaluation Program.

e. Review the test service's ongoing plan for assisting NACEP user state agencies with the OBRA 1987 required post approval program provider reviews. (NACEP) Funded through test service contract.

f. Provide current information on federal and state nurse aide competency evaluation activities to Member Boards and other interested parties. (ST) Funded under Nurse Aide Competency Evaluation Program.

g. Explore new product/service development. (TPC, NACEP) Funded under Nurse Aide Competency Evaluation Program.

h. Review/evaluate statistics related to NACEP to monitor the quality of the instrument. (NACEP) Funded under Nurse Aide Competency Evaluation Program.

i. Sponsor nurse aide conferences as necessitated by rule changes and market demand. (ST) Funded under Nurse Aide Competency Evaluation Program.

j. Maintain current information in Directory of Nurse Aide Registries. (ST) Funded under Nurse Aide Competency Evaluation Program.

k. Prepare materials for discussion and decisions regarding extension of License Agreement with test service or issuance of RFP. (BOD) Funded under Nurse Aide Competency Evaluation Program.

l. Prepare recommendations to the Board of Directors regarding NACEP test service contract. (NACEP) Funded under Nurse Aide Competency Evaluation Program.

m. Review item bank for items that appear nursing-home specific; edit items and include for field test if needed to cover test plan areas. (TPC, NACEP) Funded under test service contract.

n. Investigate and analyze feasibility of developing a study guide/review book for NACEP. (NACEP) Funded under Nurse Aide Competency Evaluation Program.

o. Review the results of Nursing Practice and Education Articulation survey related to nurse aides. (NACEP) Funded under test service contract.

NATIONAL COUNCIL OPERATIONAL PLAN (FY92)

as of October 22, 1991

Goal I. **Develop, promote, and provide relevant and innovative services.**

Objective D. **Maintain and enhance communication about NCSBN, its members, and issues concerning safe and effective nursing practice.**

Strategy 1. Investigate mechanisms for increased and enhanced communications among Member Boards and National Council.

a. Continue investigation of higher technological communications, including teleconferencing, video conferencing, video production, electronic mail, etc. (ST) Funded under Administration.

b. Ensure operational viability of NCNET and market NCNET services. (ST) Funded under Publications.

c. Pilot, report, and implement (as appropriate) use of NCNET forms and transmission for licensure verification and disciplinary data. (BOD) Funded under Board of Directors.

d. Segment mailing lists for effective and efficient dissemination routes for information. (ST) Funded under Publications.

e. Continue to identify specific areas of policy development related to communications. (CC) Funded under Communications Committee.

f. Utilize Area Meetings to facilitate Board of Directors' exchange with Member Boards, e.g., through open forum time with Board of Director members who are in attendance. (BOD) Funded under Area Meetings.

g. Continue to implement open forums at Board meetings. (BOD) Funded under Board of Directors.

h. Maintain and update NCSBN Manual. (ST) Funded under Publications.

i. Stimulate greater use of NCSBN resources by updating members on available services. (ST) Funded under Publications.

j. Provide a publication about trends in regulation and activities of Member Boards. (ST) Funded under Publications.

Strategy 2. Provide opportunity for Member Board exchange.

a. Schedule forums on topics of Member Board interest during annual meeting. (BOD) Funded under Board of Directors.

b. Plan agendas for Member Board Area meetings. (AD, BOD) Funded under Area Meetings.

Strategy 3. Publish and evaluate current, and need for future publications related to regulation, licensure, nursing practice and education, and National Council services and activities.

a. Establish a comprehensive system to evaluate National Council publications. (CC) Funded under Communications Committee.

b. Publish Issues on quarterly basis. (ST) Funded under Publications.

c. Publish and market State Nursing Legislation Quarterly. (ST) Funded under Publications.

d. Publish and disseminate annual report, including examination data, to Member Boards and other organizations. (ST) Funded under Publications.

e. Publish and disseminate Book of Reports. (ST) Funded under Publications.

f. Collect and publish information about Nurse Practice Acts and Regulations. (ST) Funded under Nursing Practice and Education Committee and Publications.

g. Continue to collect, summarize, publish and disseminate the national disciplinary data bank reports and summaries. (ST) Funded under Disciplinary System.

h. Publish National Council research and information on licensure examinations and nursing practice. (ST) Funded under Publications.

i. Publish and make available job analysis studies conducted by the National Council. (ST) Funded under Publications.

j. Continue to make available Model Nursing Practice Act and Model Administrative Rules. (ST) Funded under Publications.

k. Publish and make available test plans for licensure examinations. (ST) Funded under Publications.

l. Provide information for published study guides on the licensure examinations, and monitor publishers contract compliance. (ST) Funded under Publications.

NATIONAL COUNCIL OPERATIONAL PLAN (FY92)

as of October 22, 1991

Goal I. **Develop, promote, and provide relevant and innovative services.**

Objective E. **Promote consistency in the licensing process among the respective jurisdictions.**

Strategy 1. Evaluate the regulatory implications of entry into practice and its implications for National Council services.

a. If appropriate, make a recommendation to Delegate Assembly regarding validation of hypothesized sets of competencies through ongoing job analysis studies. (BOD) Funded under Board of Directors.

Strategy 2. Continue to investigate mechanisms for evaluating continued competence.

a. Initiate dialogue with Nursing Practice and Education Committee regarding possible applications of CST. (CST) Funded under CST restricted funds.

b. Outline process which will be used to evaluate and determine the appropriate applications of CST. (CST) Funded under CST restricted funds.

c. Develop a plan to assist Member Boards in assessing continued competency. (NPE) Funded under Nursing Practice and Education Committee.

Strategy 3. Provide data to Member Boards on licensure requirements.

a. Continue to make available updated compilation of Member Boards' licensure requirements. (ST) Funded under Publications.

NATIONAL COUNCIL OPERATIONAL PLAN (FY92)

as of October 22, 1991

Goal II. **Utilize human and fiscal resources efficiently to allow for growth and creativity.**

Objective A. **Implement a planning model to be used as a guide for the development of NCSBN.**

Strategy 1. Provide for an organizational planning process and structure.

a. Plan for the next fiscal year before and after the Fall Planning session. (All) Funded under Fall Planning Retreat and committees.

b. Review strategies of all committees for relevance to the National Council mission statement and goals. (LRP) Funded under Long Range Planning Committee.

c. Review Delegate Assembly actions to evaluate implications as related to goals, objectives and strategies. (LRP) Funded under Long Range Planning Committee.

d. Review the National Council structure as related to proposed committee activities. (LRP) Funded under Long Range Planning Committee.

e. Determine need for ad hoc committees, establish committee charges, make committee appointments, and communicate with committees on a regular basis. (BOD) Funded under Board of Directors.

f. Facilitate the development of an organizational vision statement. (BOD) Funded under Board of Directors.

Strategy 2. Develop an evaluation mechanism for the organization.

a. Collect and compile evaluations of committee effectiveness annually. (BOD) Funded under Board of Directors.

b. Develop a master plan for organizational evaluation. (BOD) Funded under Board of Directors.

Strategy 3. Implement a program budgeting system for the National Council.

a. Evaluate the program budget. (FC) Funded under Finance Committee.

b. Develop and monitor the annual program budget. (FC) Funded under Finance Committee.

c. Analyze the fiscal impact of data for new program activities and determine availability of funding. (FC) Funded under Finance Committee.

d. Evaluate the effectiveness of the fiscal impact statement with actual costs and make adjustments as required. (FC) Funded under Finance Committee.

e. Provide quarterly financial information to Board of Directors, Member Boards, and management. (FC) Funded under Finance Committee.

f. Maintain financial data for outside grants in accordance with grant requirements. (ST) Funded under Finance Committee.

g. Assist auditors in preparation of work papers and prepare financial information for annual audit. (ST) Funded under Finance Committee.

Strategy 4. Investigate the feasibility of new revenue sources for the organization.

a. Support efforts throughout the National Council to develop new revenue sources and analyze the fiscal feasibility of the suggestions. (FC) Funded under Finance Committee.

b. Alert Board/Finance Committee to opportunities for external funding of projects. (ST) Funded under Finance Committee.

c. Investigate the feasibility of a for-profit arm. (FC) Funded under Finance Committee.

Strategy 5. Maintain financial policies which provide guidelines for organizational development.

a. Continue to recommend financial policies to the Board of Directors and evaluate the financial policies of the National Council. (FC) Funded under Finance Committee.

b. Continue to evaluate and revise currently existing designated funds and recommend to the Board of Directors the need for additional designated funds. (FC) Funded under Finance Committee.

c. Monitor and evaluate the management of the investment portfolio. (FC) Funded under Finance Committee.

d. Maintain working extramural financial relationship and evaluate the effectiveness of the relationship. (FC) Funded under Finance Committee.

e. Invest the funds of the organization in accordance with financial policies in order to secure the highest return on investment. (ST) Funded under Finance Committee.

Strategy 6. Review and revise forecast assumptions to maintain a current forecasting model.

a. Revise budget assumptions based on the most recent financial information. (FC) Funded under Finance Committee.

b. Revise five-year projections using the most recent financial information and budget assumptions. (FC) Funded under Finance Committee.

c. Utilize five-year projections to analyze the fiscal feasibility of proposed activities and evaluation of fee structure. (FC) Funded under Finance Committee.

d. Prepare cost data for new projects and services. (ST) Funded under Finance Committee.

e. Develop net examination revenue projections based on anticipated candidate volume projection as needed for review by Finance Committee. (ST) Funded under Finance Committee.

Goal II. **Utilize human and fiscal resources efficiently to allow for growth and creativity.**

Objective B. **Strengthen the organizational structure in the complex environment of high technology, transforming health care delivery systems, global communication and international interaction.**

Strategy 1. Evaluate the current organizational structure.

a. Consider proposed amendments to Bylaws. (BC) Funded under Bylaws Committee.

b. Review and evaluate candidate pre-screening framework and make recommendation(s) as deemed appropriate. (CON) Funded under Committee on Nominations.

c. Evaluate candidates and prepare slate. (CON) Funded under Committee on Nominations.

d. Evaluate campaign process and guidelines and revise if necessary. (CON) Funded under Committee on Nominations.

e. Recruit qualified candidates. (CON) Funded under Committee on Nominations.

f. Analyze the process of recruiting qualified candidates for offices and make recommendation(s) as deemed appropriate. (CON) Funded under Committee on Nominations.

g. Maintain current Board of Director Policy and Procedure Manual. (ST) Funded under Board of Directors.

h. Develop a comprehensive database to track and record volunteer involvement and interest. (ST) Funded under Administration.

i. Study issues related to the use of licensure examinations in Manitoba and similarly-situated provinces/countries and report to the 1992 Delegate Assembly. (BOD) Funded under Board of Directors.

j. Annually review and evaluate staff structure in view of programs needed to accomplish the work of the National Council. (BOD) Funded under Board of Directors.

k. Implement conversion to new computer hardware and software systems. (ST) Funded under Administration.

Strategy 2. Develop the National Council long range plan.

a. Reevaluate goals, objectives and strategies. (LRP) Funded under Long Range Planning Committee.

b. Prepare revised Long Range Plan with rationale for changes for presentation to 1992 Delegate Assembly. (LRP) Funded under Long Range Planning Committee.

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c. Present trend analysis data to Fall Planning Retreat for visioning purposes. (LRP) Funded under Long Range Planning Committee.

d. Investigate preparation of long range plan as stand-alone document for publication. (LRP) Funded under Long Range Planning Committee.

NATIONAL COUNCIL OPERATIONAL PLAN (FY92)

as of October 22, 1991

Goal III. **Expand collaborative relationships with relevant organizations to facilitate the development and promotion of health related public policy.**

Objective A. **Provide specific opportunity for direct dialogue, interaction and mutual decision making among national health groups.**

Strategy 1. Maintain and enhance a public relations program for the National Council.

a. Maintain ongoing liaison activities with major nursing, health care, consumer and regulatory organizations. (BOD) Funded under Public Relations.

b. Compile nominations for the R. Louise McManus Award. (ST) Funded under Board of Directors.

c. Present awards in accordance with awards/recognition program. (BOD) Funded under Public Relations.

d. Maintain frequent contacts with leadership of major nursing, health care, consumer and regulatory organizations. (BOD, ST) Funded under Public Relations.

e. Participate in formal liaison meetings with leadership of major nursing, health care, consumer and regulatory organizations. (BOD, ST) Funded under Public Relations.

f. Send representative to annual meetings of major nursing, health care, consumer and regulatory organizations. (BOD) Funded under Public Relations.

g. Publish "NCLEX News and Notes" biannually with National Council input and review. (CTB) Funded under test service contract.

Strategy 2. Promote the inclusion of regulatory perspective in national and regional programs on health and related issues.

a. Through interorganizational liaison activities, promote the inclusion of the regulatory perspective in national and regional programs of health and related issues. (BOD) Funded under Public Relations.

Strategy 3. Involve consumers in the development of clear position statement on health-related public policies.

a. Continue to appoint consumer members of Member Boards to National Council committees, especially those committees that develop position statements on health-related public policies. (BOD) Funded under Board of Directors.

Strategy 4. Maintain effective working relationships with appropriate community agencies, business and industry.

a. Provide for an informational interchange between the National Council and appropriate external agencies. (CC) Funded under Communications Committee.

b. Develop new working relationships with outside financial agencies and maintain ongoing relationships. (ST) Funded under Finance Committee.

NATIONAL COUNCIL OPERATIONAL PLAN (FY92)

as of October 22, 1991

Goal III. **Expand collaborative relationships with relevant organizations to facilitate the development and promotion of health related public policy.**

Objective B. **Promote and facilitate effective communications with related organizations, groups, and individuals.**

Strategy 1. Initiate a sponsorship of educational programs of regulatory significance.

a. Recommend plan for next regulatory conference. (CC) Funded under Communications Committee.

b. Consider the development of regional educational programs before and after Area Meetings. (CC) Funded under Communications Committee.

c. Continue to participate in CTB Invitational Conferences on NCLEX. (ST) Funded under test service contract.

Strategy 2. Work with health-related organizations in formalizing statements on trends and issues affecting nursing education and nursing practice.

a. Provide input into health policy statements by nursing and health-related organizations as possible. (BOD) Funded under Board of Directors.

b. Endorse appropriate position statements of other organizations as requested, according to criteria established by the Delegate Assembly. (BOD) Funded under Board of Directors.

c. Identify sources of additional information regarding continued competence by participating in related conferences. (NPE) Funded under Nursing Practice and Education Committee.

d. Develop informational materials pertaining to nursing regulation. (ST) Funded under Public Policy.

Strategy 3. Identify and promote desirable and reasonable standards in nursing education and nursing practice.

a. Work cooperatively with other nursing and health care organizations as well as support efforts of Member Boards and nursing community to promote desirable and reasonable standards in nursing education and practice. (BOD) Funded under Board of Directors.

NATIONAL COUNCIL OPERATIONAL PLAN (FY92)

as of October 22, 1991

Goal III. **Expand collaborative relationships with relevant organizations to facilitate the development and promotion of health related public policy.**

Objective C. **Increase consumer involvement with NCSBN.**

Strategy 1. Promote consumer involvement in National Council activities.

a. Develop ways of sharing information with interested consumer groups. (CC) Funded under Communications Committee.

b. Facilitate network for consumer members of Member Boards through the Citizens' Advocacy Center. (BOD) Funded under Public Relations.

c. Serve as member of advisory committee for Citizens Advocacy Center. (ST) Funded under Public Relations.

d. Continue to appoint consumer members of Member Boards to National Council committees. Appoint outside consumer consultants to committees as needed. (BOD) Funded under Board of Directors.

Goal IV. **Develop a comprehensive information system for use by members, organizations and the public.**

Objective A. **Implement a five-year plan for an information system.**

Strategy 1. Consolidate present information system.

a. Continue to plan for data collection in all jurisdictions if feasibility study and contract negotiations support establishment of an NIS. (NIS) Funded under NIS Committee.

b. Make a recommendation regarding the feasibility of the NIS, based on the outcome of contract negotiations. (NIS) Funded under Nurse Information System Committee.

c. Identify a funding consortium to support full implementation of Stage II of the NIS, if it is feasible based on the outcome of contract negotiations. (NIS) Funded under Nurse Information System Committee.

d. Draft budget for Stage II of the NIS implementation. (NIS) Funded under Nurse Information System Committee.

e. Develop and submit proposals for funding stage II of NIS implementation (if feasible) to potential funding agencies. (NIS) Funded under Nurse Information System Committee.

f. Develop contracts with Member Boards delineating their participation in the NIS. (NIS) Funded under Nurse Information System Committee.

Strategy 2. Assign a Board level committee to develop guidelines for data collection, data use, distribution, and other functions related to information systems.

a. Established liaison with Communications Committee and staff regarding potential for NCNET transmission of NIS data. (NIS) Funded under NIS Committee.

b. Update five-year plan (FY92-97) for NIS. (NIS) Funded under NIS Committee.

c. Establish liaison with NPEC and staff regarding potential linkages between NIS and disciplinary data bank. (NIS) Funded under NIS Committee.

d. Continue communicating with Member Boards regarding NIS to dispel misunderstanding concerning use of their data. (NIS) Funded under NIS Committee restricted funds.

e. Supervise implementation of computer hardware/software to support a comprehensive information system. (ST) Funded under Administration.

f. Communicate final results of NIS feasibility study to Member Boards. (NIS) Funded under Nurse Information System Committee.

g. Redefine data collection tools based on outcome of pilot study and contract negotiations. (NIS) Funded under Nurse Information System Committee.

h. Negotiate contracts with Member Boards for participation in a nurse information system. (BOD) Funded under Board of Directors.

NATIONAL COUNCIL OPERATIONAL PLAN (FY92)

as of October 22, 1991

Goal IV. **Develop a comprehensive information system for use by members, organizations and the public.**

Objective B. **Collect, analyze and disseminate data and statistics in such areas as licensure, educational programs, and regulatory functions.**

Strategy 1. Assess the market for data distributions.

a. Analyze information for review by Finance Committee and Board of Directors regarding potential of data as revenue source. (NIS) Funded under NIS Committee.

b. Continue to identify potential uses and users of NIS data and marketable methods of data sorting. (NIS) Funded under Nurse Information System Committee.

Strategy 2. Develop and market a nurse licensee database if market assessment indicates such action.

a. Continue development of licensee database. (NIS) Funded under Nurse Information System Committee.

b. Develop plan to market nurse licensee database. (NIS) Funded under Nurse Information System Committee.

Strategy 3. Establish a data clearinghouse.

a. Coordinate with other organizations collecting similar data. (ST) Funded under Research.

b. Establish database and index of Member Board and National Council surveys. (ST) Funded under Research.

c. Survey Member Boards regarding need for a central repository and/or evaluation service for foreign educated nurse credentials. (FNCC) Funded under Foreign Nurse Credentialing Committee.

d. Investigate selected credentialing resources/services. (FNCC) Funded under Foreign Nurse Credentialing Committee.

e. Survey Member Boards statutes and regulations regarding educational requirements of foreign educated nurses. (FNCC) Funded under Foreign Nurse Credentialing Committee.

f. Survey Member Board statutes and regulations regarding foreign educated nurse participation in graduate nursing programs. (FNCC) Funded under Foreign Nurse Credentialing Committee.

NATIONAL COUNCIL OPERATIONAL PLAN (FY92)

as of October 22, 1991

Goal V. **Advance research that contributes to the public health, safety, and welfare.**

Objective A. **Conduct and disseminate research pertinent to the mission of NCSBN.**

Strategy 1. Evaluate the use of the Model Nursing Practice Act and make appropriate revisions.

a. Update report of findings on incorporation of continued competence mechanisms by states to Delegate Assembly. (NPE) Funded under Nursing Practice and Education Committee.

Strategy 2. Gather data regarding the regulatory issues of chemically dependent nurses.

a. If funded, Study on Regulatory Models for Chemically Dependent Nurses implemented. (NPE/SUB) Funded externally.

b. Report work on Regulatory Models for Chemically Dependent Nurses and seek funds to implement as proposed. (NPE/SUB) Funded under Nursing Practice and Education Committee.

c. If submitted research proposal regarding management of chemically dependent nurses is not funded externally, proceed with plans to revise proposal or implement study as directed by the Board of Directors. (NPE/SUB) Funded under Nursing Practice and Education Subcommittee.

Strategy 3. Monitor the major nursing research projects relative to implications on legal standards of nursing practice.

a. Continue to monitor nursing journals to identify resources related to legal standards of nursing practice. (ST) Funded under Publications.

b. Monitor changes in legal standards by states and publish in SNLQ. (ST) Funded under Publications.

Strategy 4. Investigate research needs regarding approval of nursing education programs.

a. Gather data regarding articulation at all levels. (NPE) Funded under Nursing Practice and Education Committee.

Strategy 5. Gather data concerning advanced practice.

a. Appoint individuals to participate as requested in groups considering advanced practice issues, e.g., certification of specialties, credentialing, etc. (BOD) Funded under Public Relations.

b. Collect data, analyze, review options regarding inter- and intra-state issues regarding model for advanced practice. (NPE/SUB) Funded under Nursing Practice and Education Committee.

c. Identify issues and changes pending on the federal level affecting advanced practice. (NPE/SUB) Funded under Nursing Practice and Education Committee.

NATIONAL COUNCIL OPERATIONAL PLAN (FY92)
as of October 22, 1991

Goal V. **Advance research that contributes to the public health, safety, and welfare.**

Objective B. **Promote research proposals annually which merit funding.**

Strategy 1. Maintain a database of potential sources of funding in areas of interest.

a. Maintain a list of potential sources of government and private grant funds. (ST) Funded under Research.

NATIONAL COUNCIL OPERATIONAL PLAN (FY92)

as of October 22, 1991

Goal V. **Advance research that contributes to the public health, safety, and welfare.**

Objective C. **Involve Member Boards in research at the jurisdictional level for use and distribution by NCSBN.**

Strategy 1. Request and publicize abstracts of completed, ongoing and projected studies by Member Boards.

a. In connection with Research Forum at annual meeting, publish abstract of Member Board research findings. (ST) Funded under Publications.

b. Solicit and select research studies performed by Member Boards for presentation during annual research forum. (ST) Funded under Delegate Assembly.

c. Investigate providing support for Member Board research. (BOD, ST) Funded under Research.

Strategy 2. Publish research findings in National Council publications.

a. Publish research findings as obtained from Member Boards. (ST) Funded under Publications.

Appendix A

Key to Responsible Parties

Key	RESPONSIBLE PARTY
AD	Area Director
AEC	Administration of Examination Committee
BC	Bylaws Committee
BOD	Board of Directors
CAT-PN	CAT-PN Field Test Team
CAT	Computerized Adaptive Testing - Steering Committee
CC	Communications Committee
CEIT	CAT Education/Information Team
CON	Committee on Nominations
CTB	CTB Macmillan/McGraw-Hill
EC	Examination Committee
FC	Finance Committee
FENCC	Foreign Educated Nurse Credentialing Committee
JAMP	Job Analysis Monitoring Panel
LRP	Long Range Planning Committee
NACEP	Nurse Aide Competency Evaluation Program
NIS	Nurse Information System Committee
NPE	Nursing Practice and Education Committee
NT	CAT Negotiating Team
PET	CAT Proposal Evaluation Team
CST	Steering Committee CST Project
ST	Staff
sub	Sub-Committee
TPC	The Psychological Corporation

FY92 Budget — 10/1/91 - 9/30/92
By Program

NCLEX

NCLEX Exam Revenue	(7,505,473)	
NCLEX Processing Costs	3,997,580	
Handscoring Review Fees	(65,600)	
Handscoring Review Costs	53,450	
Other NCLEX Related Expense	21,970	
Exam Committee	18,655	
Admin. of Exam Committee	28,100	
Ethnic-Gender Bias Review	137,580	
NCLEX Support Costs	40,750	
NCLEX Income Subtotal		(3,272,988)

NACEP

Royalty Income	(159,000)	
Committee Travel	18,775	
Marketing/Staff Travel	29,675	
Other NACEP Expense	49,925	
NACEP Income Subtotal		(60,625)

INVESTMENTS

Investment Income	(300,000)	(300,000)

MEMBER BOARDS

Member Board Contract Income	(186,000)	
Associated Exp. (Legal and Other)	6,000	
Member Board Income Subtotal		(180,000)

PUBLICATIONS

Publications Revenue	(124,000)	
Publications Expense	111,525	
Publications Income Subtotal		(12,475)

DELEGATE ASSEMBLY

Delegate Assembly Income	(58,675)	
Delegate Assembly Expense	91,175	
Convention Planning	2,150	
Delegate Assembly Subtotal		34,650

AREA MEETINGS

Area Meetings Board Travel	9,400	
Area Meetings Staff Travel	9,400	
Area Meetings Expense Subtotal		18,800

PUBLIC RELATIONS

Honoraria	(3,500)	
Public Relations Expense	52,700	
Communications Committee	42,075	
Public Relations Expense Subtotal		91,275

RESEARCH

Research Fees	11,900	
Job Analysis Monitoring Panel	8,350	
Other	10,900	
Job Analysis Review Panel	21,025	
Research Expense Subtotal		52,175

PRACTICE AND EDUCATION

Public Policy Expense	3,600	
Practice and Education Committee	35,750	
Chemical Dep. Nurse Subcommittee	8,450	
Disciplinary System	84	
Reg. of Adv. Nursing Practice	29,450	
Practice and Education Expense Subtotal		77,334

ORGANIZATIONAL

Board of Directors	105,575	
Personnel Committee	7,275	
Projects Committee	7,275	
Coordinating Committee	14,900	
Nurse Info. System Committee	96,125	
Committee on Nominations	11,000	
Finance Committee	26,400	
Bylaws Committee	16,575	
Long Range Planning Committee	34,440	
Fall Planning Retreat	25,000	
Resolutions Committee	6,625	
Foreign Educated Nurse Credentialing Committee	28,150	
NCLEX Outside U.S.	10,300	
Organizational Expense Subtotal		389,640

ADMINISTRATION

Personnel Costs		
Salary and Benefits	1,586,753	
Staff Travel	5,000	
Professional Fees		
Legal	20,000	
Accounting	20,000	
Other	89,075	
Library/Membership	5,500	
Printing/Supplies	72,000	
Insurance	32,000	
Miscellaneous Expense	2,400	
Administration Expense Subtotal		1,832,728

OCCUPANCY

Rent/Utilities	325,000	
Electronic Mail	10,000	
Telephone	30,000	
Postage	45,800	
Equipment Maintenance/Rental	28,000	
Computer Maintenance/Rental	14,000	
Depreciation	79,633	
Occupancy Expense Subtotal		532,433

SUMMARY

TOTAL REVENUE	(8,402,248)
TOTAL EXPENSE	7,605,195
REVENUE OVER EXPENSE	(797,053)

22
ORIENTATION MANUAL

National Council of State Boards of Nursing, Inc.

Orientation Manual

Purpose

The purpose of the Orientation Manual is to provide information about the functions and operations of the National Council. It is hoped that this manual will facilitate the active participation of all Delegate Assembly participants as well as Board and committee members.

Following a brief discussion of the National Council's history, this manual will describe the organizational structure, functions, policies, and procedures. Committee-specific policies, procedures, and forms may be found in the green and white National Council Manual. Each Member Board has its own copy of the National Council Manual which is periodically updated.

History

The concept of an organization such as the National Council had its roots as far back as August 1912 when a special conference on state registration laws was held during the American Nurses' Association (ANA) convention. At that time, participants voted to create a committee that would arrange an annual conference for persons involved with state boards of nursing to meet during the ANA convention. It soon became evident that the committee required a stronger structure to deal with the scope of its concerns. However, for various reasons, the committee decided to remain within the ANA.

Boards of Nursing also worked with the National League for Nursing Education (NLNE) which, in 1932, became the ANA's Department of Education. In 1933, by agreement with the ANA, the NLNE accepted responsibility for advisory services to the State Boards of Nurse Examiners (SBNE) in all education and examination-related matters. Through its Committee on Education, the NLNE set up a subcommittee that would address, over the following decade, state board examination issues and problems. In 1937, NLNE published A Curriculum Guide for Schools of Nursing. Two years later, the NLNE initiated the first testing service through its Committee on Nursing Tests.

Soon after the beginning of World War II, nurse examiners began to face mounting pressures to hasten licensing and to schedule examinations more frequently. In response, participants at a 1942 NLNE conference suggested a "pooling of tests" whereby each state would prepare and contribute examinations in one or more subjects that could provide a reservoir of test items. They recommended that the Committee on Nursing Tests, in consultation with representative nurse examiners, compile the tests in machine scorable form. In 1943, the NLNE Board endorsed the action and authorized its Committee on Nursing Tests to operate a pooling of licensing tests for interested states (the "State Board Test Pool Examination" or SBTPE). This effort soon demonstrated the need for a clearinghouse whereby state boards could obtain information needed to produce their test items. Shortly thereafter, a Bureau of State Boards of Nursing began operating out of ANA headquarters.

The bureau was incorporated into the ANA bylaws and became an official body within that organization in 1945. Two years later, the ANA Board appointed the Committee for the Bureau of State Boards of Nurse Examiners which was comprised of full-time professional employees of state boards.

In 1961, after reviewing the structure and function of the ANA and its relation to state boards of nursing, the committee recommended that it be replaced by a council. Although council status was achieved, many persons continued to be concerned about potential conflicts of interest and recognized the often heard criticism that professional boards serve primarily the interests of the profession they purport to regulate.

In 1970, following a period of financial crisis for the ANA, a council member recommended that a free-standing federation of state boards be established. After a year of study by the state boards, this proposal was overwhelmingly defeated when the council adopted a resolution to remain with the ANA. However, an ad hoc committee was appointed later to examine the feasibility of the council becoming a self-governing incorporated body.

At the council's 1977 meeting, a task force was elected and charged with the responsibility of proposing a specific plan for the formation of a new independent organization. On June 5, 1978, the Delegate Assembly of the ANA's Council of State Boards of Nursing voted 83 to 8 to withdraw from the ANA to form the National Council of State Boards of Nursing.

Today, the National Council consists of 62 Member Boards including those from the Virgin Islands, Puerto Rico, Guam, American Samoa, and the Northern Mariana Islands. An organizational chart depicting the relationship between the National Council and the Member Boards is attached (Appendix A).

Organizational Mission, Objectives, and Goals

The mission of the National Council of State Boards of Nursing is to promote public policy related to the safe and effective practice of nursing in the interest of public welfare. It strives to accomplish this mission by acting in accordance with the decisions of its Member Boards of nursing on matters of common interest and concern affecting public health, safety and welfare. To accomplish its aims, the National Council provides services and guidance to its members in performing their functions which regulate entry to nursing practice, continuing safe nursing practice and nursing education programs.

The National Council has several objectives, one of which is to develop and establish policy and procedure regarding the use of licensing examinations in nursing. Another is to identify and promote desirable uniformity in standards and expected outcomes in nursing education and practice as they relate to the public interest. The National Council also seeks to assess trends and issues that affect nursing, disseminate data relating to nurse licensure, and promote continued competence in nursing. To achieve these objectives, it plans and promotes educational programs; it provides consultative services for Member Boards and others; and conducts research that addresses education, practice, and policy-related issues. Strategies for achieving these goals are developed in accordance with organizational objectives and reflect the National Council's mission. The National Council's operational plan adds short-term activities and resources designed to accomplish the long-range goals, objectives and strategies. Activities to implement goals are developed, assessed, and refined each fiscal year and provide the organization with a flexible plan within a disciplined focus. Annually, the Board of Directors and committees participate in evaluating the accomplishment of goals and objectives and the directives of the Delegate Assembly.

Organizational Structure and Function

Membership

Membership in the National Council is extended to those boards of nursing that agree to use, under specified terms and conditions, one or more types of licensing examinations developed by the National Council. At the present time, there are 62 Member Boards including those from the Virgin Islands, Puerto Rico, Guam, American Samoa, and the Northern Mariana Islands. Boards of nursing may become Member Boards upon approval of the Delegate Assembly, payment of the required fees, and execution of a contract for using NCLEX-RN and/or NCLEX-PN.

Member Boards maintain their good standing through remittance of fees and compliance with all contract provisions and bylaws. In return, they receive the privilege of participating in the development and use of the National Council's licensing examinations. Member Boards also receive information services, public policy analyses, and research services. Member Boards who fail to adhere to the conditions of membership may have delinquent fees assessed or their membership terminated by the Board of Directors. They may then choose to appeal the Board's decision to the Delegate Assembly.

Areas

The National Council's membership is presently divided into four geographic areas. The purpose of this division is to facilitate communication, encourage regional dialogue on relevant issues, and provide diversity of board and committee representation. Area Directors are elected by delegates from their respective areas through a majority vote of the Delegate Assembly. In addition, there is a Director-at-Large who is elected by all delegates voting at the annual meeting. (See Glossary for list of jurisdictions by area.)

Delegate Assembly

The Delegate Assembly is the major policy-making body of the National Council that comprises delegates designated by the Member Boards. Each Member Board has two votes and may name two delegates and alternates.

The Delegate Assembly meets at the National Council's annual meeting, traditionally in August. Special sessions can be called under certain circumstances. Regularly scheduled sessions take place in Chicago every third year. In the years between, sessions are held in other cities on a rotation basis among areas.

At the annual meeting, delegates elect officers and members of the Committee on Nominations by majority and plurality vote respectively. They also receive and respond to reports from officers and committees and approve the annual audit report. They may revise and amend the bylaws by a two-thirds vote, providing the proposed changes have been submitted at least 45 days before the session. In addition, the Delegate Assembly approves most test-related decisions, including changes in examination fees and test plans.

Officers

Officers of the National Council include the president, vice-president, secretary, treasurer, area directors, and director-at-large. Only members or staff of Member Boards may hold office, subject to exclusion from holding office if other professional obligations result in an actual or perceived conflict of interest.

No person may hold more than one elected office at the same time. The president shall have served as a delegate or a committee member or an officer prior to being elected to office. An officer shall serve no more than six consecutive years on the Board of Directors in addition to filling an unexpired term.

The president, vice-president, secretary, and treasurer shall be elected for a term of two years or until their successors are elected. The president and vice-president are elected in even-numbered years. The secretary and treasurer are elected in odd-numbered years.

The directors are elected for a term of two years or until their successors are elected. Directors from odd-numbered areas are elected in odd-numbered years. Directors from even-numbered areas and the director-at-large are elected in even-numbered years.

Officers are elected by ballot during the annual session of the Delegate Assembly. Area directors are elected by delegates from their respective areas.

Election is by a majority vote. When a majority is not established by an initial ballot, re-balloting takes place between the two nominees with the highest number of votes. In case of a tie on the re-balloting, the choice is determined by lot.

Officers assume their duties at the close of the session at which they were elected. A vacancy in the office of president is filled by the vice-president. Other officer vacancies are filled by Board appointees until the term expires.

Board of Directors

The Board of Directors, the administrative body of the National Council, consists of the nine elected officers. Its primary function is to conduct the business of the National Council between sessions of the Delegate Assembly. The Board authorizes the signing of all contracts including those between the National Council and its Member Boards. It also engages the services of legal counsel, approves and adopts an annual budget, reviews membership status of noncompliant Member Boards, and renders opinions, when needed, about actual or perceived conflicts of interest.

Additional duties include the adoption of personnel policies for all staff, appointment of committees, monitoring of committee progress, approval of studies and research pertinent to the National Council's purpose, and provision for the establishment and maintenance of the administrative offices.

The work of the Board is currently organized into three committees: Coordinating, Personnel, and a Projects Committee.

The purposes of the Coordinating Committee are to plan for efficient organization of Board business, advise and counsel the President and Executive Director on corporate matters, approve contracts, and serve as a review body

for urgent issues requiring National Council response. The Personnel Committee reviews personnel policies and proposals for staff changes. The Projects Committee directs the conduct of special projects requested by the Delegate Assembly or Board of Directors.

Meetings of the Board of Directors

Meeting dates for the year are scheduled by the Board of Directors during its post-annual meeting Board meeting. All Board meetings are held in Chicago with the exception of the pre- and post-annual meeting Board meetings in those years when the annual meeting is conducted outside of Chicago.

Board members are asked to submit reports and other materials for the meeting at least three weeks prior to each meeting so that they can be copied and distributed with other meeting materials. The call to meeting, agenda and related materials are mailed to Board members two weeks before the meeting. The agenda is prepared by the Coordinating Committee.

Activities and materials generated during the two-week interval before the meeting are reported or distributed at the next meeting. This limits the flood of last minute paper to be read and considered during the Board meeting.

The agenda is generally organized around committee and staff reports in the various program areas. Items for Board discussion and action are accompanied by a memo or report which describes the item's background and indicates the Board action needed. Motion papers are available during the meeting and are used so that an accurate record will result. Staff takes minutes of the meeting and later drafts a complete set in conjunction with the secretary. A summary of the Board's major decisions is also prepared, reviewed by the Secretary, and mailed to Member Boards for their information prior to the release of approved minutes following the next Board meeting.

Resource materials are available to each Board member for use during Board meetings. These materials, which are updated periodically throughout the year, are kept at the National Council office and include copies of the articles of incorporation and bylaws, policies and procedures, contracts, operational plans, budget, test plan, committee rosters, minutes, and personnel manual.

Communications with the Board of Directors

Communication between Board meetings takes place in several different ways. The Executive Director communicates weekly with the President, regarding major activities and confers as needed with the Treasurer about financial matters. The Executive Director and Treasurer also discuss the budget on a quarterly basis after the accountant has had the opportunity to compile the necessary financial data. Monthly reports of major activities are prepared by the Executive Director and mailed to Board members.

In most instances, the Executive Director is the person responsible for communicating with National Council consultants about legal, financial, and accounting concerns. This practice was adopted primarily as a way to monitor and control the costs of consultant services.

Conference calls can be scheduled, if so desired by the President. Written materials are generally forwarded to Board members in advance of the call. These materials include staff memos detailing the issue's background as well as Board action required. Staff prepares minutes of the call to assist the Secretary who submits them at the next regularly scheduled Board meeting.

Board members use the National Council letterhead when communicating as officers of the National Council.

Committee on Nominations

National Council delegates elect representatives to the Committee on Nominations. The committee consists of four persons, one from each Area, who may be either Member Board staff or Board members. Committee members are elected to one year terms and may not serve more than two consecutive terms. They are elected by ballot with a plurality vote. The chair is that person who receives the highest number of votes.

The Committee on Nominations' function is to consider the qualifications of all candidates for Board of Director office and for the committee itself. The committee then prepares a slate for each position to be filled. At Delegate Assembly additional nominations can be received from the floor.

Committees

Most of the National Council's objectives are accomplished through the committee process. Every year, the committees report on their activities and make recommendations to the Delegate Assembly. At the present time, the National Council has seven standing committees: Examination, Administration of Examination, Finance, Bylaws, Nursing Practice and Education, Communications, and Long Range Planning.

Ad hoc committees or task forces are appointed by either the Delegate Assembly or the Board of Directors and to address special issues and concerns. Examples include the Nurse Aide Competency Evaluation Program Committee, the Nurse Information System Committee and the Foreign Educated Nurse Credentialing Committee.

Committees are governed by specific policies and procedures which may be found in the National Council Manual. The manual is updated, whenever necessary, through mailings from the National Council to Member Boards. Committee membership is extended to all current members and staff of Member Boards. An effort is made to achieve balanced representation whenever possible, including Area, staff and Board members, registered and practical nurses, and consumers. Consultants provide outside expertise to committees as needed, on a one-time or ongoing basis.

No individual may serve more than six consecutive years on the same committee. Vacancies, including those resulting from a failure to attend two consecutive meetings, may be filled by the Board of Directors upon recommendation by the committee chair.

A National Council staff member is assigned to serve each committee. Staff works closely with the committee chairs to facilitate committee work and provide support and expertise to committee members, but they have no formal decision-making role. Agendas for the committee meetings are established by the chair. With staff assistance, the chair prepares the agenda, the call to meeting, and any other documents that must be reviewed prior to committee meetings. Staff supervises the mailing of these materials, which are sent to committee members no less than two weeks before the committee meeting.

At the request of committee members, staff will analyze issues and make recommendations in accordance with committee objectives and assumptions.

Finance Committee

The Finance Committee consists of at least three persons. One of the three is the Treasurer who serves as the committee chair. The committee's primary purpose is to supervise National Council finances, subject to the Board of Directors' approval. It also reviews financial status on a quarterly basis and provides the Board with a proposed annual budget prior to each new fiscal year.

Examination Committee

The Examination Committee consists of at least six persons. One of these persons must represent a separate board for practical/vocational nursing. The committee chair must have served on the committee prior to being appointed chair. Alternates to the Examination Committee are generally individuals with prior experience on a testing related committee. The alternates are called upon to substitute for a regular committee member who is unable to attend a meeting, as well as to assist the committee in other capacities, including representation at Panels of Content Experts and Bias Sensitivity Review Panel sessions.

The purpose of the Examination Committee is to develop the licensure examinations and evaluate procedures needed to produce the licensure examinations. Toward this end, it recommends test plans to the Delegate Assembly and suggests research important to the development of licensure examinations.

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Committees are governed by specific policies and procedures which may be found in the National Council Manual. The manual is updated, whenever necessary, through mailings from the National Council to Member Boards. Committee membership is extended to all current members and staff of Member Boards. An effort is made to achieve balanced representation whenever possible, including Area, staff and Board members, registered and practical nurses, and consumers. Consultants provide outside expertise to committees as needed, on a one-time or ongoing basis.

No individual may serve more than six consecutive years on the same committee. Vacancies, including those resulting from a failure to attend two consecutive meetings, may be filled by the Board of Directors upon recommendation by the committee chair.

A National Council staff member is assigned to serve each committee. Staff works closely with the committee chairs to facilitate committee work and provide support and expertise to committee members, but they have no formal decision-making role. Agendas for the committee meetings are established by the chair. With staff assistance, the chair prepares the agenda, the call to meeting, and any other documents that must be reviewed prior to committee meetings. Staff supervises the mailing of these materials, which are sent to committee members no less than two weeks before the committee meeting.

At the request of committee members, staff will analyze issues and make recommendations in accordance with committee objectives and assumptions.

Finance Committee

The Finance Committee consists of at least three persons. One of the three is the Treasurer who serves as the committee chair. The committee's primary purpose is to supervise National Council finances, subject to the Board of Directors' approval. It also reviews financial status on a quarterly basis and provides the Board with a proposed annual budget prior to each new fiscal year.

Examination Committee

The Examination Committee consists of at least six persons. One of these persons must represent a separate board for practical/vocational nursing. The committee chair must have served on the committee prior to being appointed chair. Alternates to the Examination Committee are generally individuals with prior experience on a testing related committee. The alternates are called upon to substitute for a regular committee member who is unable to attend a meeting, as well as to assist the committee in other capacities, including representation at Panels of Content Experts and Bias Sensitivity Review Panel sessions.

The purpose of the Examination Committee is to develop the licensure examinations and evaluate procedures needed to produce the licensure examinations. Toward this end, it recommends test plans to the Delegate Assembly and suggests research important to the development of licensure examinations.

The Examination Committee is responsible for directing all aspects of examination development. Other duties include the selection of appropriate item writers, test service evaluation, and preparation of written information about the examinations for Member Boards and other interested parties. The committee also evaluates the licensing examinations following their administration through means of item analysis, person-fit analysis, and test and candidate statistics.

One of the National Council's major objectives is to provide psychometrically sound and legally defensible nursing licensure examinations to Member Boards. Establishing examination validity is key to this objective. Users of examinations have certain expectations about what an examination measures and what its results mean; a valid examination is simply one that legitimately fulfills these expectations.

Validating a licensure examination is an evidence-gathering process to determine two things: 1) whether or not the examination actually measures competencies required for safe and effective job performance, and 2) whether or not it can distinguish between candidates who do and do not possess those competencies. An analysis of the job for which the license is given is essential to validation. There are several methods for analyzing jobs, including compilation of job descriptions, opinions of experts, and surveys of job incumbents. Regardless of the method used, the outcome of the job analysis is a description of those tasks that are most important for safe and effective practice.

The results of the job analysis can be used to devise a framework describing the job, which can then be used as a basis for a test plan and for a set of instructions for item writers. The test plan is the blueprint for assembling forms of the test, and usually specifies major content or process dimensions and percentages of questions that will be allotted to each category within the dimension. The instructions for item writers may take the form of a detailed set of knowledge, skills, and abilities (KSA) statements or competency statements which the writers will use as the basis for developing individual test items. By way of the test plan and KSA statements, the examination is closely linked to the important job functions revealed through the job analysis. This fulfills the first validation criterion: a test that measures important job-related competencies.

The second criterion, related to the examination's ability to distinguish between candidates who do and do not possess the important competencies, is most frequently addressed in licensure examinations through a criterion-referenced standard setting process. Such a process involves the selection of a cut score to determine which candidates pass and which fail. Expert judges with first-hand knowledge of what constitutes safe and effective practice for entry-level nurses are selected for this process. They are trained in conceptualizing the minimally competent candidate (performing at the lowest acceptable level), and they go through a structured process of judging success rates on each individual item of the test. Their pooled judgments result in identification of a cut score. Taking this outcome along with other data relevant to identification of the level of minimum competence, the Board of Directors sets a passing standard which distinguishes between candidates who do and do not possess the essential competencies, thus fulfilling the second validation criterion.

Having validation evidence based on job analysis and criterion-referenced standard setting processes is the best legal defense available for licensing examinations. For most of the possible challenges that candidates might bring against an examination, if the test demonstrably measures the possession of important job-related skills, its use in the licensure process is likely to be upheld in a court of law.

Administration of Examination Committee

The Administration of Examination Committee consists of at least six persons. Its purpose is to recommend criteria and procedures needed to maintain examination security and evaluate Member Board and Test Service compliance with the established criteria and procedures. It is the committee's duty to report security-related violations of contracts between the National Council and its Member Boards to the Board of Directors. The committee recommends dates for the administration of examinations to the Delegate Assembly. The committee chair is contacted in regard to crisis management plan implementation and investigation of security breaks. The committee also reviews National Council staff authorizations for handicapped NCLEX candidates and examination reviews.

Nursing Practice and Education Committee

The Nursing Practice and Education Committee consists of at least six persons. The committee's purpose is to provide data regarding aspects of nursing regulation to Member Boards. It periodically reviews and revises the *Model Nursing Practice Act* and the *Model Nursing Administrative Rules*, and prepares other position statements and guidelines occasionally for presentation to the Delegate Assembly. It also prepares written information about the legal definitions and standards of nursing practice and education which it disseminates to Member Boards and other interested parties. In the recent past, the committee has had a number of subcommittees to study various issues, e.g., chemically dependent nurses, advanced practice and changing trends in nursing education.

Bylaws Committee

The Bylaws Committee consists of at least three members. Its primary duties are to receive, edit, and correlate proposed amendments to the articles of incorporation and bylaws. Such amendments may be originated in the Bylaws Committee or submitted by Member Boards, the Board of Directors, or committees. Following the Bylaws Committee's review, the proposed amendments are submitted by the committee to the Delegate Assembly together with the committee's recommendation for action.

Long Range Planning Committee

The Long Range Planning Committee consists of at least five members. Its purpose is to review the structure of the National Council and its effectiveness in meeting the National Council's purpose; review the mission statement, goals, and objectives and propose revisions, if necessary; and prepare information about the National Council goals, objectives, and strategies for dissemination.

Communications Committee

The Communications Committee consists of at least five members. Its purpose is to provide recommendations regarding National Council publications and communications; monitor the effectiveness of publications and information systems; plan the annual meeting and administer an awards program; and coordinate conferences as authorized by the Delegate Assembly or the Board of Directors.

National Council Staff

National Council staff members are hired by the Executive Director to whom they report. Their primary role is to implement the Delegate Assembly's policy directives and provide assistance to the Board of Directors and committees.

The National Council staff is organized into departments for the purpose of meeting the organizational objectives. The Testing Services Department exists to accomplish the National Council's primary objective which is to develop and establish examination-related policy and procedure. Several staff members are assigned to this department. Other staff members are assigned to the Departments of Research Services; Communications; Public Policy, Nursing Practice and Education; Operations and Administration Services to assist the National Council to meet its other objectives. A list of staff and their respective responsibilities is attached (Appendix B).

General Delegate Assembly Information

Agendas for each session are prepared by the President in consultation with the Board of Directors and Executive Director and approved by the Board of Directors. At least 45 days before the annual convention, Member Boards are sent copies of the *Book of Reports*. This document contains annual reports and recommendations from the standing and ad hoc committees, Board of Directors, officers, and Executive Director as well as new business submitted by any member or the Board. It also contains the agenda and operating budget, as well as proposed rules for the conduct of Delegate Assembly business.

Prior to the annual session of the Delegate Assembly, the President appoints the Rules, Registration, Election, and Resolutions Committees as well as the Committee to Approve Minutes. Prior to any special session, the President appoints at least the Rules and Registration Committees. In either case, the President must also appoint a timekeeper, a parliamentarian, and pages.

The purpose of the Rules Committee is to draft, in consultation with the parliamentarian, rules for the conduct of the specific Delegate Assembly. The Registration Committee's function is to provide delegates and alternates with identification bearing the number of votes to which the individual is entitled. It also presents oral and written reports at the opening session of the Delegate Assembly and immediately preceding the election of officers and Committee on Nominations.

The Elections Committee conducts all elections that are decided by ballot in accordance with the bylaws and standing rules. The Resolutions Committee initiates resolutions if deemed necessary and receives, edits, and evaluates all others in terms of their relationship to council goals and fiscal impact. At a time designated by the President, it reports its recommendations to the Delegate Assembly.

Minutes of the Delegate Assembly are kept by the Secretary, with the support of National Council staff. These minutes are then reviewed, corrected and approved by the Committee to Approve Minutes.

The duties of the Delegate Assembly, as specified in the bylaws, are to:

- approve new National Council memberships;
- elect officers and members of the Committee on Nominations;
- receive reports of officers and committees and take action as appropriate;
- approve any examination fee to be charged by the National Council;
- approve the auditor's report;
- approve policy and position statements and strategies that give direction to the National Council;
- approve the substance of all contracts between the National Council and Member Boards and the National Council and test services;
- establish the criteria for and select the test service(s) to be utilized by the National Council unless the National Council provides such services itself;
- adopt test plans to be used for the development of licensing examinations in nursing;
- transact any other business as may come before it.

General Committee Information

Committee Appointments

The appointment of representatives of Member Boards to committees of the National Council is a responsibility delegated to the Board of Directors by the bylaws. In order to facilitate this process and to ensure a wide representation of Member Boards, board staff and board members, the following procedure is used.

Each spring, individuals who wish to be considered for appointment or reappointment to a National Council committee submit a Committee Volunteer Form. All information from this form, along with information about the number of positions available on each committee, is forwarded to the respective Area Director for recommendations for

appointment or reappointment. Concurrently, committee chairs are asked to provide input as to whether individuals currently serving on committees should be reappointed. In June, the Area Directors recommend the appointment/ reappointment of individuals to vacant committee positions. The Area Directors' decisions are based on input received from committee chairs, as well as information obtained from the individuals' information form.

Immediately following Delegate Assembly, the Board of Directors evaluates the qualifications of existing and potential committee chairs, makes the appropriate appointments for committee chairs, and reviews and approves the committee appointments which were recommended by Area Directors in June. Also during this meeting, appointments are made to any additional subcommittees, special committees, and task forces required to accomplish the directives of the Delegate Assembly.

Committee Minutes

Minutes are taken at every committee meeting including telephone conferences. Minute-taking is an extremely important responsibility because minutes serve as records of what took place at the meeting. Although minutes can be opposed by oral testimony, they are, in the vast majority of cases, legally binding once they have been adopted and certified. Thus, it is critical that they accurately reflect the committee's process and outcomes.

Committee minutes are taken by committee members or staff. If no one volunteers to take the minutes, the committee chair may appoint someone to serve as secretary. Whomever takes the minutes should remember to:

- record the date, place, and time of the meeting
- include a statement that the meeting was duly called
- indicate the presiding officer, chair, or committee member
- indicate who served as secretary
- record names of persons present and quorum statistics
- record the reading, correction, and adoption of minutes from the previous meeting
- record the adjournment time
- keep them clear and concise
- not include every routine document
- make amendments to the minutes only with the committee's approval
- initial any amendments

Minutes from National Council Board and committee meetings follow a specific format. With rare exception, they should reflect the topic discussed and the comments and/or actions that followed.

On the advice of legal counsel, the minutes of the discussion should not be laden with unnecessary detail or use a "he said/she said" approach. In other words, it is not desirable for the secretary to transcribe verbatim statements. Only in special circumstances is it necessary to identify individual speakers since the minutes should reflect committee discussion as well as committee action.

Whenever possible, the secretary should leave a handwritten copy of the minutes with the staff person assigned to the committee meeting. The staff person will then have the minutes typed and forwarded to the committee members with the next meeting's agenda. This procedure not only relieves the committee member of an additional burden; it also

safeguards the minutes from loss. It also provides the committee chair with information to prepare the next meeting's agenda. In the event that the minutes cannot be left with the staff person, they should be forwarded to the National Council office within two weeks.

Committee Reports

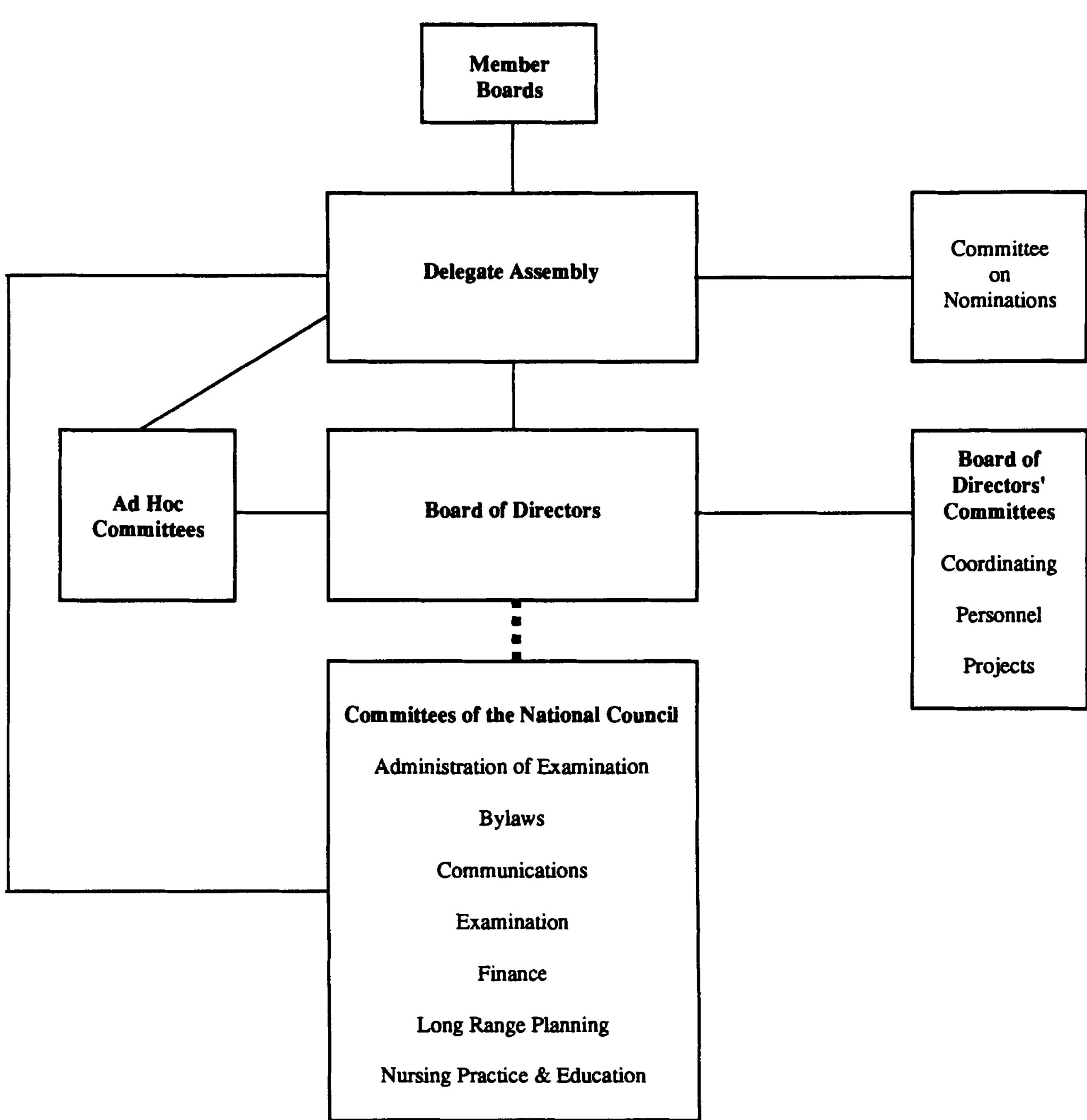
Committee reports are sent to the National Council office no later than three weeks prior to each Board of Directors' meeting. The reports are written by the committee chair who is assisted by the committee staff person. Staff processes the reports and supervise their mailing.

The first page of the report contains an abstract of the report, followed by any committee recommendation(s). Subsequent pages document the committee's activities in either narrative or outline format. Background and rationale for the committee's recommendation(s) should be clearly stated. The report concludes with a reiteration of the committee's recommendation(s).

Appendix A

National Council of State Boards of Nursing, Inc.

Organization
As of May 15,1992



NATIONAL COUNCIL OF STATE BOARDS OF NURSING

Appendix B

1992 STAFF RESOURCE REFERENCE LIST

Voice mail extension numbers are listed in parentheses after the staff person's name.

COMMUNICATIONS

SUSAN WOODWARD (21), *Director of Communications*
- National Council communications services & policies
- Reprint permission
- Media contacts
- Resource Network (tailored services for Member Boards)

KERRY NOWICKI (20), *Publications Manager*
- *Issues*
- CAT communications

SUE DAVIDS (17), *Manager of Meetings and Convention Services*
- Annual meeting and conferences
- Area meetings
- Meeting planning assistance
- Hotel reservations while on National Council business

CHRISTOPHER HANDZLIK (22), *Editor*
- *State Nursing Legislation Quarterly (SNLQ)*
- *NACEP Newsletter*

YVONNE BROWN (19), *Communications Program Assistant*
- *Newsletter* to Member Boards
- All National Council publications: orders, payments and invoices

HAIBA HAMILTON (18), *Secretary*

PUBLIC POLICY, NURSING PRACTICE AND EDUCATION

VICKIE SHEETS (47), *Director for Public Policy, Nursing Practice and Education*
- Nursing practice and education
- Nursing trends and issues affecting regulation
- Disciplinary Data Bank
- National Practitioner Data Bank (NPDB)

RICH BENTEL (48), *Secretary*

RESEARCH

CAROLYN YOCOM (41), *Director of Research Services*
- Role delineation study
- Licensure statistics
- Member Board characteristics (as included in "Profile" survey forms)
- Research study about regulatory management of chemically dependent nurses
- Research design, statistical analysis and survey preparation (consultation)

NANCY CHORNICK (46), *Research Associate*
- Job analysis studies
- Foreign nurse credentialing committee

JERRY JACOBSON (13), *Research Assistant*

CYNDI BENTEL (40), *Research Program Assistant*
- Surveys to Member Boards
- Member Board profile data

RENEE ALBERS (39), *Research Services Secretary*

ANNA BERSKY (35), *CST Project Director*
Computerized Clinical Simulation Testing

MELANIE NEAL (34), *Project Manager*
Nurse Information System

TESTING

ANTHONY ZARA (26), *Director of Testing Services*
Psychometrics and testing-related policies
Test service contract issues
Research and evaluation projects involving test services
General CAT questions

ELLEN JULIAN (46), *Psychometrician*
Psychometric studies
Test validity, reliability
Test methodology research

LOUISE PETER (32), *NCLEX Secretary*

NANCY MILLER (31), *NCLEX Program Manager*
ANNE WENDT (31), *NCLEX Program Manager*
NCLEX panels
NCLEX security and crisis management plan
NCLEX operational issues
General NCLEX issues

JODI BORGER (30), *NCLEX Administrative Assistant*
Security measures and procedures to implement
NCLEX failure candidate review
NCLEX handicapped modification requests
General NCLEX questions
NCLEX panels
Program code changes

BARBARA HALSEY (27), *CAT Project Manager*
General questions about computerized adaptive testing (CAT) implementation
CAT Master Plan
CAT PN field testing
CAT software

BEVERLY HOWARD (29), *CAT Secretary*

TAMARA BOWLES (28), *CAT Secretary*

VACANT - *CAT Testing Manager*

RUTH BERNSTEIN (25), *CAT Project Associate*
General CAT questions
CAT PN field testing
CAT education and information

ELLYN HIRSCH (56), *CAT Administrative Assistant*

VACANT - *CAT Coordinator*

ELLEN GLEASON (16), *NACEP Program Manager*
- NACEP committee activities
- General NACEP program questions
- NACEP implementation and administration issues

DONNA MASIULEWICZ (57), *NACEP Program Assistant*
- Nurse aide registry information
- NACEP item writers, task developers, content experts
- NCLEX handscoring (temporary assignment)

OPERATIONS

THOMAS VICEK (54), *Director of Operations*
- Member Board contracts

KATHY HAYDEN (51), *Financial Manager*
- Expense reports
- Financial statements
- Travel policy

LARRY SANKEY (50), *Information Resource Manager*
- NCNET/Upfront
- Electronic access to Disciplinary Data Bank

WANDA ANDERSON (49), *Operations Secretary*

MARY TRUCKSA (52), *Accounting Assistant*

ADMINISTRATION

JENNIFER BOSMA (42), *Executive Director*
- Board of Directors meetings/agenda
- Delegate Assembly meetings/agenda
- Media and interorganizational relations
- Staff speaker requests

DORIS NAY (12), *Associate Executive Director*
- Member Board liaison
- Committee membership
- Liaison with nursing, healthcare & regulatory groups

ANN WATKINS (43), *Executive Secretary/ Office Manager*

FLEURETTE WORKMAN (10), *Receptionist*

SANDRA RHODES (15), *Administration Program Assistant*
- Committee membership inquiries

Glossary

AACN
American Association of Colleges of Nursing.

ABOS
American Board of Orthopaedic Surgery. (A CAT research partner)

ACT
American College Testing. A potential vendor for CAT, located in Iowa City, Iowa, and engaged in educational and certification testing services.

Administration Service
The vendor for (or a portion of) NCLEX CAT testing services providing the actual computerized testing centers.

AEC
Administration of Examination Committee.

AERA
American Educational Research Association.

ANA
American Nurses' Association.

AONE
American Organization of Nurse Executives.

Area
Designated regions of National Council Member Boards.

Area I	Area II	Area III	Area IV
Alaska	Illinois	Alabama	Connecticut
American Samoa	Indiana	Arkansas	Delaware
Arizona	Iowa	Florida	District of Columbia
California	Kansas	Georgia	Maine
Colorado	Michigan	Kentucky	Maryland
Guam	Minnesota	Louisiana	Massachusetts
Hawaii	Missouri	Mississippi	New Hampshire
Idaho	Nebraska	North Carolina	New Jersey
Montana	North Dakota	Oklahoma	New York
Nevada	Ohio	South Carolina	Pennsylvania
New Mexico	South Dakota	Tennessee	Puerto Rico
N. Mariana Islands	West Virginia	Texas	Rhode Island
Oregon	Wisconsin	Virginia	Vermont
Utah			Virgin Islands
Washington			
Wyoming			

ASCP
American Society of Clinical Pathologists. (A CAT research partner)

Batch Processing
A method of submitting candidate applications for NCLEX. Applications are submitted directly to the board of nursing, then forwarded to the Data Center on a regular basis with the appropriate funds.

Blueprint
The organizing framework for the NACEP which includes the percentage of items allocated to various categories.

Board Member
An individual who serves on a board of directors (national level) or a board of nursing (state level).

Board Processing
A method of submitting candidate applications for NCLEX. Applications are submitted directly to the board of nursing, then forwarded to the Data Center on a regular basis without money. The board is billed for the total number of processed applications at a later date.

BOD
Board of Directors of the National Council of State Boards of Nursing.

Bylaws
The laws which govern the internal affairs of an organization.

Case Development Committee
A committee of twelve clinical experts which has the responsibility of developing cases for the Computerized Clinical Simulation Testing (CST) project.

CAT
Computerized Adaptive Testing.

CAT-PN Team
CAT-PN Field Test Team. (A team of the National Council)

CEIT
CAT Education Information Team. (A team of the National Council)

CGFNS
The Commission on Graduates of Foreign Nursing Schools.

CIT
CAT Implementation Team. (A team of the National Council)

CLEAR
Council on Licensure, Enforcement and Regulation. (An organization of regulatory boards and agencies)

CMP
See Crisis Management Plan.

CNATS
Canadian Nurses Association Testing Service.

Competency Statements
Statements of future-oriented nursing competencies synthesized by the Task Force on Examinations for the Future in 1988 and the Subcommittee on PN/VN Competencies in 1989.

Crisis Management Plan (formerly Disaster Plan)
A plan developed for NCLEX administration to be implemented in the event of emergency or natural disaster.

CST
Computerized Clinical Simulation Testing.

CTB Macmillan/McGraw-Hill
National Council's test service for NCLEX and potential vendor for CAT testing services.

Data Center
The unit at CTB which receives and processes direct NCLEX applications.

Delegate Assembly
The policy-making body of the National Council which comprises 62 Member Boards. Each Member Board is entitled to two votes.

Diagnostic Profile
The document sent to failing candidates reflecting their performance on various aspects of the NCLEX test plan.

DIF
Differential item functioning or potential bias.

Direct Application
A method of submitting candidate applications for NCLEX. Applications are submitted by candidates, with appropriate fee, directly to the Data Center.

Disciplinary Data Bank
A National Council data management system that serves as a conduit and resource for disciplinary actions from Member Boards.

EC
Examination Committee.

ETS
Educational Testing Service. A potential vendor for CAT, located in Princeton, New Jersey, and engaged in educational and certification testing services.

Experimental Items
Newly written test questions placed into examinations for the purpose of gathering statistics. Experimental items or "tryouts" are not used in determining the pass/fail result.

ESL
English-as-a-Second-Language.

FARB
Federation of Associations of Regulatory Boards.

Fiscal Year
October 1 to September 30 at the National Council.

FY
See Fiscal Year.

HCFA
Health Care Financing Administration.

ICN
International Council of Nurses.

ICONS
The Interagency Conference on Nursing Statistics. Members include the American Association of Colleges of Nursing, the American Association of Critical Care Nurses, the American Hospital Association's Center for Nursing and its Data Center, the American Nurses' Association, the Bureau of Labor Statistics, the Division of Nursing (BHPR, HRSA), the National Center for Health Statistics, the National Council of State Boards of Nursing, and the National League for Nursing.

Issues
A quarterly newsletter published and nationally distributed by the National Council.

ITC
Insurance Testing Corporation. A subcontractor of ACT involved in delivering computerized tests.

Item
A test question.

Item Response Theory (IRT)
A family of psychometric measurement models based on characteristics of examinees' item responses. Their use enables many measurement benefits (see Rasch Model).

Item Reviewers
See Panel of Content Experts; this new term will go into effect beginning FY93.

Item Writers
Individuals who write test questions for NCLEX RN/PN and NACEP.

KSA
Knowledge, Skill and Ability Statements.

Logit
The natural logrithem of an odds ratio, such as p/q or q/p where p is an odds (probability) value between 0 and 1, and q equals 1-p. For items, the ratio is q/p and p represents the item p-value. For persons, the ratio is p/q and p represents proportion of items an examinee gets correct on an examination. The log transformation of an odds ratio creates an equal interval, logit scale on which item difficulty and person ability may be jointly represented.

LRP
Long Range Planning. (A committee of the National Council)

MAR
Model Administrative Rules.

Mantel-Haenszel
A well-accepted statistical procedure used to estimate the differential item functioning or potential bias of test items.

Member Board
A jurisdiction having a contract with the National Council to administer NCLEX-RN and/or NCLEX-PN.

MNPA
Model Nurse Practice Act.

NACEP
Nurse Aide Competency Evaluation Program. (Also a committee of the National Council)

NANDA
North American Nursing Diagnosis Association.

NAPNES
The National Association for Practical Nurse Education and Service.

National Council Operational Plan
Goals, objectives and strategies of the National Council's long range plan as adopted by the Delegate Assembly. The plan includes activities and funding sources for current and future years as planned by the Board of Directors and committees.

National Licensure Verification Form
A compilation of data taken from all licensure verification forms used in every state to develop a single national licensure verification form available for common use.

NBME
National Board of Medical Examiners. NBME programmed the National Council's Computerized Adaptive Testing (CAT) software and is currently modifying its computerized clinical simulation testing (CST) software for application to nursing.

NC or NCSBN
Abbreviated form of National Council of State Boards of Nursing, Inc.

NCLEX-RN/PN
National Council Licensure Examination-Registered Nurse/Practical Nurse. Test dates are designated by month and year. NCLEX-RN is administered in February and July (e.g., 292 and 792). NCLEX-PN is administered in April and October (e.g., 492 and O92).

NCME
National Council on Measurement and Education.

NCNET
National Council's electronic mail network, available to each Member Board and used by subscription.

NCS
National Computer Systems. A subcontractor with ACT for providing CAT data center services.

Newsletter

A biweekly publication produced by the National Council staff and distributed to each Member Board. Items included on a regular basis: committee reports; Board of Directors' agendas, major actions and minutes; Disciplinary Data Bank reports; analyses of federal legislation; examination statistics; notice of upcoming events; updates to the National Council Manual; and solicitations for persons to serve in various capacities.

NFLPN

National Federation of Licensed Practical Nurses.

NIDA

National Institute of Drug Abuse.

NIMH

National Institute of Mental Health.

NIS

Nurse Information System. (A committee of the National Council)

NLN

National League for Nursing.

NP&E

Nursing Practice and Education. (A committee of the National Council)

NPDB

National Practitioner Data Bank. A federally-mandated program for collecting disciplinary data regarding health-care practitioners. The NPDB began operation in September, 1990, receiving required medical malpractice payment reports for all health care practitioners, and required reports of discipline and clinical privilege/society actions regarding physicians and dentists. Mandatory reporting of licensure actions regarding other health care practitioners, including nurses, is required by P.L. 100-93, section five. Implementation of section five is on hold until the NPDB has gained sufficient experience under Title IV to extend services.

NT

Negotiating Team. A team of the National Council negotiating contracts with the top three bidders for NCLEX CAT testing services.

OBRA 1987

Omnibus Budget Reconciliation Act of 1987 (contains requirements for nurse aide training and competency evaluation).

Panel of Content Experts

Individuals who review newly written items developed for NCLEX-RN/PN. Will be called "Item Reviewers" beginning in FY93.

PCE

See Panel of Content Experts.

Person-fit Analysis

A statistical procedure conducted to determine whether or not items from a previously-administered examination may have been exposed to any group(s) of candidates.

PL 100-203
A public law which institutes the Nursing Home Reform Act and is part of the Omnibus Budget Reconciliation Act (OBRA) of 1987.

PL 99-660
A public law which institutes the Health Care Quality Assurance Act and establishes a national practitioners databank (See NPDB).

Psych Corp
The Psychological Corporation. The Psychological Corporation is the test service contracted by the National Council and guided by the Nurse Aide Competency Evaluation Program (NACEP) Committee to develop and maintain an evaluation for nurse aide competency as mandated by federal legislation (OBRA).

Psychometrics
The scientific field concerned with all aspects of psychological measurement (or testing), specifically achievement, aptitude, and mastery as measured by testing instruments.

Rasch Measurement Model
A psychometric item response theory model used to create the NCLEX measurement scale. Its use allows person-free item calibration and item-free person measurement.

Reliability
A test statistic that indicates the expected consistency of a person's test scores across different administrations or test forms. Reliability indicates the extent to which a test score is repeatable over time. That is, it reflects the degree to which a test score reflects the examinee's true standing on the trait being measured. The National Council uses the Kuder-Richardson Formula 20 (KR20) statistic to measure the reliability of NCLEX and NACEP.

RFP
Request for Proposals.

SNLQ
State Nursing Legislation Quarterly. A quarterly journal publication reviewing nursing legislation throughout the country. The journal is published by the National Council and mailed by subscription.

Standard Setting
The process used to set the passing standard for an examination. The passing standard is the performance level (in terms of number of correct answers) at and above which examinees are classified as passing the examination and below which they are classified as failing. For the National Council, the standard setting sessions are used to determine the minimum level of entry-level nursing knowledge, skills and abilities that candidates must demonstrate to pass. The National Council uses a criterion-referenced procedure for standard setting and conducts a standard setting session every three years for NCLEX and whenever the NACEP blueprint changes.

Summary Profiles
Published by CTB, the NCLEX Summary Profiles are a concise report of the performance of a nursing program's graduates on the National Council Licensure Examination. A subscription to this service provides a nursing program with percent of candidates passing, test plan profiles, diagnostic profiles, and content dimension reports that may help program administrators and educators to monitor the effectiveness of the curriculum and identify areas of strength and weakness.

Summary Reports
After all phases of a scoring cycle have been completed for an administration, CTB prepares a set of summary reports for each state or jurisdiction. The reports include a variety of data summarizing the test performance of all candidates. The reports also include summaries of test performance for candidates who were educated in that state.

Sylvan-Kee Systems
A subcontractor of ETS for delivering computerized tests.

TAA
Test Administration Agency. An organization contracted by a Member Board to administer the NCLEX or NACEP examination.

Tape States
A method of submitting candidate applications for NCLEX. The states develop their own applications, enter the information on to a computer tape, and forward that tape to the Data Center following the examination.

Test Plan
The organizing framework for NCLEX-RN/PN which includes the percentage of items allocated to various categories.

Test Service
The organization which provides test services to the National Council, including test scoring and reporting. CTB is the test service for NCLEX, and The Psychological Corporation is the test service for NACEP.

TPC
See Psych Corp.

TRO
The Roach Organization. A subcontractor of CTB for delivering computerized tests.

Upfront
Software used with NCNET.

Validity
The extent to which inferences made using test scores are appropriate and justified by evidence; an indication that the test is measuring what it purports to measure. The National Council assures the content validity of its examinations by basing each test strictly on the appropriate test plan (RN or PN) or blueprint (NACEP). Each test plan or blueprint is developed from a current job analysis of entry-level practitioners.